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## COURSE OF LECTURES
ON
## DISEASES OF THE SKIN;
THEIR
## HISTORY, PATHOLOGY, AND TREATMENT.

*Delivered in the Middlesex Hospital, during the Summer Session*, 1842, *by*

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### LECTURE XVIII.

IN pursuance of the scheme of classification which I had the honour to explain to you at the beginning of this course, I have in the next place to claim your attention for the consideration of certain diseases, which, like the preceding, are characterised by "inflammation of the dermis," but, unlike them, are not accompanied with "constitutional symptoms of a specific kind." These disorders constitute a small group, the members of which possess several characters in common, but are yet sufficiently distinct from each other to merit separate investigation; they are,—

Erysipelas,
Urticaria,
Roseola,
Erythema.

Erysipelas, as it is the most severe and most closely allied in some of its characters with the eruptive fevers, occupies the first place in the list, and serves as a link of transition from the preceding disorders to those of the present type. Urticaria, from the amount of constitutional disorder and febrility which frequently accompany its development, assumes the second place. Roseola, an eruption of much milder character, follows third; while erythema constitutes a bond of alliance between the diseases of the skin dependent on congestive inflammation alone, and those which superadd to that state effusion of the serous constituents of the blood.

#### ERYSIPELAS.

Erysipelas, the Saint Anthony's fire of popular language, is a diffused inflammation of the skin and subcutaneous cellular tissue, affecting a part of the surface of the body of greater or less extent, and accompanied by fever of an infectious kind. It is attended by swelling, by a pungent, burning, and tingling heat, and by redness, which disappears under the pressure of the finger, to return as soon as the pressure is remitted. The local inflammation exhibits a special disposition to spread, and is often accompanied by vesications, which contain a limpid, amber-coloured serum. When the latter escapes, or is absorbed, the vesicles shrivel and dry up, forming thin and dark-coloured crusts, which remain attached to the skin for some days. Erysipelas terminates generally in resolution, with desquamation of the epidermis, sometimes in delitescence or suppuration, and more rarely in mortification.

Erysipelas offers for our consideration two principal varieties, erysipelas simplex and erysipelas phlegmonodes. The former presents several modifications, which may be regarded in the light of *sub-varieties*, some of the modifications being referrible to manner and some to seat. Erysipelas phlegmonodes has but one sub-variety of importance. The varieties and sub-varieties of erysipelas may be best illustrated by means of a table, thus:—

ERYSIPELAS SIMPLEX.

*Sub-varieties.*

Erysipelas erraticum,
" metastaticum,
" miliare,
" phlyctenodes,
" œdematodes.

*Local Sub-varieties*

Erysipelas aciei,
capitis,
" mammæ,
" umbilicale.

ERYSIPELAS PHLEGMONODES.

*Sub-variety.*

Erysipelas gangrenosum.

ERYSIPELAS SIMPLEX.

Simple erysipelas is an inflammation of the dermis and immediately subjacent areolar tissue, occurring either in the situation of a wound or injury to the skin, or upon any sound part of the body as the consequence of constitutional disorder. This difference in relation to the cause of the inflammation constitutes the distinction between *traumatic* and *idiopathic* erysipelas, although in the former as well as the latter constitutional disorder must also be present. There are certain parts of the body which manifest a peculiar susceptibility to this disease, such as the face and scalp, while the limbs are less frequently so, and the trunk rarely is affected. The symptoms of erysipelas resolve themselves into the *constitutional* and *local*.

The *constitutional* symptoms of erysipelas are chilliness and rigors, succeeded by burning heat; lassitude, drowsiness, dejection of spirits, pains in the head, in the back, and in the limbs; quick and hard pulse; thirst, loss of appetite, nausea, coated tongue, bitterness of taste, weight at the epigastrium, vomiting, and constipation. These symptoms, which differ in no material respect from the constitutional symptoms which constitute the first stage of typhus fever, or which accompany any local injury of considerable severity, precede the cutaneous exanthem for one, two, or three days, augment with its rise and recede with its decline. At the height of the local affection, particularly if it affect the head or be extensive, the nervous system is seriously disordered, there is more or less of delirium of the low and muttering kind, frequently subsultus tendinum, with picking of the bedclothes and grasping at invisible objects; total prostration of the muscular powers, a dry skin, a brown and dry tongue, and rapid pulse. The resolution of the fever is usually accompanied by relaxation of the bowels, by a copious deposition in the urine, and occasionally by a slight hæmorrhage from some part of the mucous membranes, as from the bowels or uterus.

The *local* affection is indicated by swelling and by a circumscribed redness of the part, the redness having a yellowish tint, and being distinctly separated from the sound skin by an abrupt border. These appearances are accompanied by a painful sensation of tension and by a sharp, burning, and tingling heat. As the morbid state advances the pain and heat are increased, the swelling and sense of tension are augmented, and the redness becomes more vivid and defined. The local signs usually make their appearance on the second or third day of the general symptoms; they increase in intensity during the three or four following days, and on the sixth or seventh decline. At other times the disease continues unchanged in its course for several weeks. On the subsidence of the local disorder the redness fades to a pale yellowish tint, the swelling disappears, the epidermis is left wrinkled and dry, and shortly desquamates in thin furfuraceous scales.

ERYSIPELAS ERRATICUM.

One of the most striking of the peculiarities of erysipelas is its disposition to extend to neighbouring parts and spread over a considerable surface of the skin. This feature in the pathology of erysipelas it has been attempted to explain by reference to the continuity of the integument, but such an explanation is far from satisfactory, and another influence seems evinced in those cases where the inflammation quits the spot originally affected to appear upon a distant one, without having traversed the intervening tract of cutaneous surface. Howsoever the phenomenon may be finally determined, the erratic property of erysipelas is very remarkable, and is evinced more or less strikingly in every instance in which the disease makes its attack; sometimes increasing its extent by involving all the neighbouring surface to a considerable extent; sometimes quitting its hold on one spot while it spreads to one adjoining; or at other times leaving suddenly the part originally affected, to appear unexpectedly on one at a distance. Whenever this erratic disposition exists in an unusual degree in erysipelas it obtains with propriety the designation *erraticum*, and those measures are especially called for which have the power of restricting its progress. The erratic character is most frequently seen in erysipelas attacking the head and face.

ERYSIPELAS METASTATICUM.

Allied with the erratic property which I have just described, erysipelas possesses a serious and dangerous attribute, namely, that of quitting the surface on which its first violence has been expended and of seizing suddenly and unexpectedly upon some internal organ. Erysipelas is most likely to assume the metastatic character when it affects the head and face, and the internal organ most endangered by its flight is the brain. Hence, as the causes of metastasis, and the conditions under which it may occur, are unknown, erysipelas of the head and face is always regarded with apprehension and dread. When the brain becomes affected the patient is oppressed with symptoms of coma, and speedily dies; in other instances the mucous membranes are the seat of metastasis, and the results are not so immediately fatal. Erysipelas assumes the metastatic form chiefly in debilitated and broken constitutions, and in those whose nervous powers are already prostrated by antecedent disease.

ERYSIPELAS MILIARE.

Simple erysipelas is sometimes accompanied by the eruption of minute vesicles, in

variable numbers, on the inflamed part. The vesicles are small, often as minute as millet-seeds, and present all the characters of those which are developed in eczema. They burst in a day or two after their formation, and pour out their serous contents, while the epidermis which enclosed the fluid shrivels and dries up into thin brownish scabs. The miliary eruption is simply a complication of erysipelas depending upon some modification of innervation in the part, and alters in no respect the pathology of the disease or its method of treatment.

ERYSIPELAS PHLYCTENODES.

A much more common complication of simple erysipelas than the miliary eruption is the formation of large vesicles, or bullæ, in considerable numbers, on the inflamed surface. Indeed, this complication is so frequent as to have been regarded by Willan and Bateman as a diagnostic character of erysipelas. The error is too obvious to need refutation. The bullæ, or phlyctenæ, of erysipelas range, in point of size, from the dimensions of a pea to those of a walnut; they are rounded in their form, and rise from circular or oval bases; generally they are distinct, but are sometimes congregated into small clusters. The contents of the bullæ are, at first, a limpid serum, which gradually becomes yellow and amber-coloured, and sometimes, under the influence of a higher degree of inflammation, opake and purulent. Occasionally they are reddish, or purplish, or even blackish, in their hue, from the effusion of blood; this is an unfavourable indication, and depends either on reduced vitality of the textures of the skin, or on a cachectic state of the system of the individual. You must not mistake the sanguinolence of a single vesicle, caused by violence, for the state I am now describing; for undue pressure, an ill-timed movement, or even a bad position, will often give rise to this appearance in a few isolated bullæ, while the rest retain their normal characters. The bullæ usually make their appearance a few days after the local inflammation, and are indicative of its decline; they fill and burst in four-and-twenty hours, and being developed in successive crops, continue to exist for several days. When the contents of the vesicles are dispersed, either by rupture or absorption, the epidermis which enclosed the fluid shrivels and dries up, and is converted into thin scabs, which correspond in form with the base of the vesicle and are brownish or blackish in their hue. The scabs which result from the desiccation of the sanguinolent bullæ are quite black.

ERYSIPELAS ŒDEMATODES.

In certain parts of the body there exists a natural tendency to œdema when inflammation is present; thus inflammation of the eyelids, or of the parts of generation, whatever be the nature of the inflammation, is constantly attended with œdema. In certain states of the system this disposition to serous infiltration is more active than in others, and the same may be said of certain constitutions, as the lymphatic, either natural or acquired. When simple erysipelas attacks such persons the inflamed parts are unusually distended, they are smooth and tense on the surface, pit under pressure, and the redness is subdued by a considerable admixture of yellow. Œdematous erysipelas may occur in any part of the body; it is not unfrequently met with in the head and face in persons whose nervous powers are reduced by previous disease or by excesses. In the lower extremities it is aided by position, and is consequently not infrequent.

Erysipelas presents some differences in its characters, having reference to its seat and to the particular functions and susceptibilites of the parts which it may attack; hence we shall derive advantage in briefly considering the disease in relation to these peculiarities; in other words, in considering the *local sub-varieties* of erysipelas.

*Erysipelas of the Face.*

Of all the regions of the body the face is that on which erysipelas most frequently makes its attack, and where its violence is most dangerous to existence. From the large quantity of cellular tissue which is present in this part, the face affected with erysipelas is always much swollen; the eyelids are closed by œdema of their tissue; the nose is blocked up by the swelling of its mucous membrane; the lips, the cheeks, the ears, surpass by several times their natural magnitude, and when, at the same moment, the scalp is inflamed, the entire head is tumefied and disfigured, and all resemblance to the natural features of the individual is lost. With all this local disorder, it will naturally be inferred that the constitutional symptoms attain an alarming height; there is violent headach, sleeplessness, terrible dreams whenever the patient falls into a weary slumber, and low muttering delirium, with threatening coma. Erysipelas of the face commonly begins on the bridge or side of the nose. In a lady at present under my care, who is subject to frequent attacks of this distressing disease from trifling causes, the seat of origin of the inflammation is the upper lip, commencing there as a small patch scarcely larger than a shilling; the erysipelas extends until it occupies the whole of one side of the face, and sometimes of both. The extension of the inflammation to the mucous membrane of the eyes, nose, mouth, and ears, gives rise to many painful and annoying symptoms, sometimes the earach is intolerable, respiration through the nose is wholly obstructed, the sense of

smell is lost, and the inflammation of the lining membrane of the mouth, extending to the salivary glands, produces painful enlargement, and sometimes suppuration of those organs. Sub-cutaneous abscesses are a frequent consequence of erysipelas of the face and neck.

*Erysipelas of the Scalp.*

This inflammation is not unfrequently an attendant on wounds of the scalp, occurring in about a week or ten days after the injury. The scalp, in these cases, is much swollen and painful, it is œdematous, bright and shining on the surface, and the inflammation spreads to a greater or less extent around the wound. If not checked in its course, erysipelas of the scalp terminates in suppuration and gangrene of the fibrous tissues, and gives rise to the formation of burrowing abscesses, which are troublesome in their after treatment. Erysipelas of the scalp is peculiarly liable to metastasis to the brain.

*Erysipelas of the Mammæ.*

From the large quantity of fibrous and areolar tissue which surround the mammary gland, erysipelas in this region is apt to terminate in deep-seated abscess and sloughing of the fibrous structures. The burrowing abscesses which are sometimes formed in this disease are exceedingly distressing to the patient and troublesome to the practitioner.

*Erysipelas of the Umbilical Region.*

Erysipelas in this situation is a disorder to which infants are occasionally liable, particularly in public institutions, or where a proper attention to cleanliness is neglected. The inflammation occurs chiefly in subjects of a cachectic habit, and from its disposition to spread, and the tendency to terminate in gangrene, is generally fatal.

ERYSIPELAS PHLEGMONODES.

The term, phlegmonous erysipelas, expresses, not inaptly, the compound nature of this disease, which partakes of the double character of erysipelas and phlegmon, but is sufficiently distinguished from the latter by its want of circumscription, and by its tendency to spread. In the general definition of erysipelas I stated that this disease was an inflammation of the skin and cellular tissue. Now, in simple erysipelas the inflammation is more or less completely limited to the skin; but in phlegmonous erysipelas the cellular and fibrous tissues beneath the skin and between the muscles are more extensively inflamed than the skin, and it becomes a question whether the disease of the cellular tissue may not be regarded as the primary and essential disease, and the inflammation of the skin as secondary; certainly, so far as treatment is concerned, this is the case. Phlegmonous erysipelas may occur on any part of the body; I have already noticed its effects on the scalp and in the mammæ, but it is in the limbs especially that it displays its characteristic attributes. It terminates rarely in resolution, commonly in extensive suppuration and sloughing of the cellular tissue and fasciæ.

The *constitutional symptoms* of this disease resemble those of simple erysipelas, but are more severe, the intensity of the symptoms having reference to the extent and depth of the inflammation. When the disease is established the pulse is quick and hard, the mouth is parched, the tongue dry and white, or even brown, there is delirium, copious perspirations, and sometimes diarrhœa.

The *local symptoms* vary considerably in degree in accordance with the severity of the attack. When the inflammation is superficial its characters resemble those of simple erysipelas, but there is more pain, and the pain is more deeply seated, and there is not the same tendency to superficial extension. In the course of a few days, say five or six from the commencement of the inflammation, the pain is diminished in acuteness, it has become dull and throbbing, and fluctuation may be detected beneath the surface. Pus has now begun to be formed, and unless it be speedily released by incision will burrow beneath the integument and between the muscles. When the inflammation tends to resolution the swelling and redness subside about the fifth or sixth day, the pain diminishes, and the epidermis is thrown off by desquamation.

When the inflammation attacks more deeply-seated textures, and is more violent in its invasion, the patient has his attention first called to the part by severe pain; he now perceives some redness over the painful part, and both pain and redness increase with great rapidity. In the course of twenty-four hours I have seen an entire limb involved in the inflammatory disorder, where no sign whatever was present on the preceding night on the retirement of the patient to bed. Accompanying the redness, which as the disease advances becomes intense, and the pain which is most distressing, is a considerable degree of tumefaction of the part and tension of the integument. In a few days, varying from two to six, the formation of pus is announced by rigors, and by throbbing pains in the part; fluctuation is now evident, but is obscured by the want of resistance of the diffused matter and the œdematous state of the integument, and a boggy sensation is communicated to the hand when passed over the surface. If at this period the superjacent parts be divided by a free incision, a quantity of pus, mingled with flakes of cellular tissue in the state of gangrene, escapes; but if this be neglected the pus burrows around the limb, breaking through the vascular connections of the skin and muscles and endangering their vitality,

isolating nerves and vessels at the risk of alarming hæmorrhage, and finally causing ulceration or gangrene of the integument. When the inflammation proceeds to the extent which I have now described, serious constitutional irritation is excited, hectic fever sets in, nocturnal perspirations are excessive, colliquative diarrhœa takes place, and the patient succumbs.

There are several circumstances, either constitutional or local, which tend to produce mortification of the integument at an early period of the inflammation, and to constitute the sub-variety of erysipelas phlegmonodes termed *erysipelas gangrenosum*. One of these is the violent irritation caused by the resistance of strong fasciæ and the rapid extension of the inflammation. Whatever the cause, however, the skin becomes livid and dark-coloured, loses its temperature, large vesicles or phlyctenæ, containing a sanguineous serum, are formed, and the part falls into the state of sphacelus. Mortification is always accompanied by a dangerous shock to the nervous system and great prostration of the nervous powers, and with this complication the case frequently terminates in death. Sometimes, when limited in extent, a slough is formed and thrown off, and the granulating process is established.

*Diagnosis*.—It is scarcely necessary to repeat the generic characters of erysipelas, but those characters you must bear in mind in forming your diagnosis. With the public, every redness of the skin is erysipelas, and you will be called upon to determine, by your opinion, the true nature of the affection. You must learn to distinguish, also, between erysipelas and erythema, a distinction by no means difficult, but yet of sufficient importance to merit your attention. Recollect that in erysipelas you have, besides redness, tumefaction, a pungent, burning pain, sensitiveness to touch, and constitutional symptoms amounting to fever.

*Causes*.—Erysipelas appears in some cases to depend on special infection, in others it seems to be idiopathic; but our knowledge of the causes of this disease are far from being precise. The infection of erysipelas, for example, applies only to the simple variety, for erysipelas phlegmonodes possesses no such quality. Simple erysipelas sometimes prevails epidemically, and pervades a house or district, or the wards of a hospital. When a hospital is invaded by erysipelatous infection, the patients are exposed to considerable danger, all the wounds and sores in the house are liable to be attacked, and the medical cases also suffer. The predisposing causes are referrible to the constitution of the individual, or to some morbid state of the system. The constitutional disposition to erysipelas is indicated by its occurrence as an hereditary disorder; and its dependance on a morbid state of the system; by its development in persons whose animal powers are prostrated by debilitating mental emotions, by long-enduring disease or pain, or by excesses. Under the influence of either of these predisposing causes the most trifling irritation will give rise to the disease, as, for instance, a slight scratch, a leech-bite, or a plaster or blister applied to the skin. Females are generally more liable to erysipelas than males, probably from greater susceptibility of the nervous system and skin; and in them disordered uterine functions are a common predisposing cause. At the termination of the menstrual period this inflammation not unfrequently occurs upon the face; and in females of delicate constitution it has been seen to invade periodically.

*Prognosis*.—Erysipelas is always a serious complaint, and should not be lightly considered. Indeed, it is hardly possible for the practitioner, with all the possibilities and diversities of this disease before his eyes, to do so. We have seen that its presence is always unfavourable to our confidence in the constitution in which it occurs; that nervous prostration, if it do not exist, is not far distant; and that the local disorder, though limited in the beginning, may end by invading the entire body, or seeking the vital organs and then exhausting life. When the constitution is sound, it is true that we have little to fear, and we may palliate while nature cures; but in the majority of cases the greatest vigilance is needed. It must be borne in mind that erysipelas may extend to the veins and lymphatics, and from these to the heart; that it may form purulent collections in the tissues and joints; and that it may be the cause of abscesses in the liver and in the lungs. Erysipelas, consequently, is always to be apprehended in the weak and in the aged, whose powers are insufficient to resist its violence. It is to be feared, also, when associated with irritation of the gastro-pulmonary mucous membrane, as when it is accompanied by vomiting, or by vomiting and diarrhœa. When it complicates another disease, or a wound, again, the prognosis is unfavourable. Phlegmonous erysipelas is dangerous in proportion to the extent of the inflammation and the weakness of constitution of the patient.

## NITRIC ACID IN EXTERNAL HÆMORRHOIDS.

Dr. Houston, of Dublin, is greatly in favour of the employment of nitric acid to external piles, in preference either to excision or to any other chemical application. The acid, he says, may be applied in the following manner:—

"Let the patient strain as at the night-chair, so as to bring the tumours fully into view; and, while they are so down, let him either lean over the back of a chair, or lie

down in the bent posture on the side on which the disease exists, with the buttocks over the edge of the bed. Let a piece of wood, cut into the shape of a dressing-case spatula, be dipped in the acid, and then, with as much of the acid adhering to it as it will carry without dipping, let it be rubbed on the tumour to the extent desired. The due effect of the acid on the part is shown by its changing it to a greyish-white colour. If a superficial slough be all that is required, a single application may be enough; if a more deep one, then two or three applications of the wood, dipped in the acid, may be made in quick succession, which being finished, let the part be well smeared over with olive oil, provided before-hand for the purpose. The prolapsed parts should then be pushed back within the sphincter, the patient put to bed, and an opiate administered. The pain of the application is sharp and burning at first, but goes off in two or three hours, and does not again return in the same form. A general uneasiness about the anus on motion, together with a slight sense of heat, fulness, and throbbing, are felt for a few days, and there may be some little feverishness; but I have not seen or heard of any more serious effects from the remedy.

"The symptoms following the application of the acid are usually so mild as not absolutely to require confinement to bed more than a few hours, although for many reasons such confinement may often be desirable. On the third or fourth day a purgative draught should be administered, when the bowels will be found to yield to the medicine, generally without either pain or prolapse of the rectum. The progress after this to healing is rapid, and free from any disagreeable symptoms."—*Dublin Journal of Med. Science*, March, 1843.

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VALUE OF CARBONIC ACID WITH QUININE IN INTERMITTENT FEVERS.—A physician in a marshy district in the south of France having frequently met with cases of endemic intermittent fevers in which, owing to a spasmodic state of the stomach, the sulphate of quinine becomes inert, has found means to restore its active powers by associating it with carbonic-acid gas. The following preparations are those he recommends with this view:—℞ *Tartaric acid*, 2½ drachms; *sulph. of quinine*, 1½ grains; rub well together, and add *bicarb. of soda*, 18 grains, and *powdered sugar*, ½ drachm. To be taken, while effervescing, in half a glass of water. ℞ *Sulph. of quinine*, 12 grains; *tartaric acid*, 1 drachm; *bicarb. of soda*, 1½ drachm; and *powd. sugar*, 1 oz.; to be dissolved in a quart of water. Mix first the sugar and water, then the quinine with the tartaric acid; and, lastly, the bicarb. of soda; seal hermetically to prevent escape of gas. Dose, a wine-glassful every two hours.

## CASE OF PUERPERAL FEVER

### WITH REMARKS ON SOME OF THE CONCOMITANTS OF THAT DISEASE.

By GEORGE MOORE, M.D., &c., Hastings.
(Formerly of Camberwell.*)

Mrs. W. B., of Peckham, aged twenty-five years, gave birth to her second child, a girl, on the 16th Dec., 1837, after a slow, but not severe labour. The placenta was detained beyond the usual time, but completely detached without violence. She proceeded well until the 21st, excepting that the pulse was rather quick, and the lochia were very scanty, and unusually fetid. On that day fever commenced, with sickness, headach, and slight rigor. Pressure on the lower part of the abdomen excited much uneasiness, and there were also severe intermitting pains. From this time the milk and lochia entirely ceased, and the pulse became very rapid. An effervescent mixture, with hyoscyamus, and an opiate at night, were prescribed. A cold lotion was applied to the head and a fomentation to the abdomen. The saline mixture, with the addition of camphor, was continued for four days, at the end of which all the untoward symptoms had disappeared. Now, however, the patient was tempted to eat a large quantity of grapes, which speedily produced violent pain in the abdomen, with excessive purging, vomiting, and faintness; in short, an attack of cholera. The pain was relieved by mustard-poultices and warm fomentations. The diarrhœa and sickness yielded to a dose of morphia, with effervescent mixture and aromatic confection. Fever, however, persisted. There was aching of the loins, with great distention of the abdomen, which was tympanitic and tender; the pulse about 130; the countenance quickly became exceedingly anxious, shrunken, livid, except a brownish-red patch on either cheek; the skin was soon harsh and yellowish, with spots of perspiration here and there; the tongue was red, and polished at the edges, but darkly furred in the middle; the motions were greenish, and very offensive, but not frequent after the diarrhœa was once arrested; the urine was high-coloured, and soon became ammoniacal; her sleep was very broken, and sometimes alternated with delirium. As usual, in such cases, the affections appeared obscured. The idea of her infant seemed never to present itself; memory, in fact, was destroyed. She had great thirst and preferred cold drink, yet she took light food, with only occasional inconvenience. The condition and treatment continued, with slight variations, for a week, when intense pain in the orbits, bilious vomiting, and diarrhœa, occurred. Aphthæ

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* Read before the Medical Society of London, Feb. 1843.

soon appeared all over the mouth; the face was dark-red; the eyes injected; the senses nearly comatose. Cold lotion was applied to the head. Wine and effervescent mixture, with borax, aromatic confection, and calumba, were frequently exhibited, and the aphthæ, with the typhoid symptoms, soon disappeared. Aphthæ frequently reappeared, but always yielded directly to the internal use of borax with aromatic confection. Headach, with bilious vomitings, recurred every four or five days, for three weeks. The pulse, always quick, varied greatly. From the first the abdomen had been very large and intolerant of pressure. The swelling was never unequal. About a month after the severer symptoms commenced, an inflamed point appeared in the bulging umbilicus, and while I was gently pressing the neighbouring parts a slight moisture issued from it, which induced me to enlarge the aperture. At least five quarts of pure pus escaped. It was rather flocculent, and lines of blood appeared here and there. Pressure was maintained about the abdomen, as after paracentesis. Disulphate of quina and cordials were carefully given. From this time the bad symptoms gradually diminished. The memory returned very slowly, even less slowly than the strength. The wound, which discharged immensely, continued open nearly four months, when the patient completely recovered. She has been in tolerable health ever since, now five years.

*This case presented, in its course, nearly all the various symptoms which pathologists have described as constituting distinct forms of Puerperal Fever.*

There are several instances of this disease recorded in which pus escaped from the abdomen by the umbilicus. Dr. Gordon had one case in which, ten days after the apparent cessation of fever, violent pain and swelling of the abdomen arose, which, six weeks after delivery, was thus relieved. In another of Dr. Gordon's cases the same event occurred a month after parturition: the discharge continued only three weeks. A case is related in the "Edinburgh Philosophical and Medical Commentaries," vol. iv., p. 326, in which three or four pounds of watery pus were thus discharged, with immediate relief and ultimate cure. Here the disease took a very active turn, the abscess having formed and discharged in five days. Dr. Bromhardi, of Eilenburg, records a case of simple peritonitis in a young female, which, after nineteen days, terminated by the escape of pus from the umbilicus.*

The most important fact which strikes the mind in reviewing what is recorded of puerperal fever, is, that the character of the fever is not dependent on the nature of the tissue most involved, nor on the extent and degree of inflammation which may accompany it. This is demonstrated by a comparison of the varieties of disorganisation with the preceding symptoms. Some pathologists, however, have classified the various symptoms with certain forms of organic lesion, representing the disease as merely inflammatory, and the organ or tissue affected as the sole modifier of the malady. No distinction is instituted by such pathologists between fever and inflammation, nor do they receive into their consideration either the exciting cause or the constitution on which it acts. On this account their conclusions invalidate themselves, for what malady is not influenced by the peculiarity of its cause and the condition of the system which it disturbs? But their position is proved to be physiologically false, even by their own cases, for none of them are so perfectly distinct in their organic relations as they are made to appear, in compliment to artificial nosological arrangements. Every case, in fact, becomes of mixed character in its progress, and the morbid appearances vary, in great measure, according to the stage at which the disease proves fatal.

As the puerperal condition and the early seat of the malady constitute all the apparent dissimilarity between puerperal fever and common phlebitis, a little attention to the phenomena of the latter disease will assist us in studying the former.

Since Mr. Arnott proved that phlebitis did not kill by extending to the heart, it has generally been concluded that it becomes so fatal from purulent admixture with the blood. The facts which he has so skilfully accumulated do not favour such a conclusion, but they rather prove that some other cause than the mere passage of pus into the circulation induces the deadly effects commonly resulting from phlebitis. It is manifest that the fatality is in no proportion either to the extent of venous inflammation or to the quantity of pus. Indeed, we have no proof that either pus or inflammation existed in some of his cases. The symptoms in one commenced within four hours after tying the saphena vein, which scarcely allows us to suppose that pus could be produced.

There is something conflicting in the testimony of celebrated surgeons concerning that condition of phlebitis which is most fatal. Mr. Travers says that "the most rapidly fatal is that which has the true adhesive progress, where no pus is secreted." Mr. Guthrie, however, says "the adhesive kind is usually cured, but the erysipelatous," as he calls it, "is almost invariably fatal." This kind he attributed to a diseased state of the stump or other wound. There is one important fact, however, in which all observers agree, namely, that the fatal form of phlebitis is always accompanied with a fever like typhus. This point demands especial

* Brit. and For. Med. Rev., 1842, p. 540.

attention. The very different degrees of severity in venous inflammation which have been connected with fatal results, together with the fact that phlebitis sometimes exists to even a greater extent than in many of these fatal cases without any untoward symptoms, seems plainly to indicate that the production or nonproduction of pus is an accident of comparatively less importance, but that some circumstance not discovered is the real cause of the danger.

The microscopic observations of Mr. Gulliver would induce us to conclude that large quantities of pus may mingle with the blood without producing those alarming symptoms which belong to puerperal and other malignant fevers sometimes associated with phlebitis. He has detected pus in the blood of many patients labouring under abscess and other diseases by no means of so formidable an aspect.

The venous tissue and its contents are so remarkably prone to become disorganised in certain forms of febrile disorder, that M. Breschet believed that he had traced typhus to phlebitis within the cranium; and M. Ribes contended that in adynamic fevers the veins and venous blood were always primarily and principally affected. It certainly appears that in all diseases in which deterioration of blood is most strikingly produced the veins and the venous blood undergo the greatest changes, which, indeed, from anatomical and chemical considerations, we should expect. In them the blood is in the state most ready to be influenced by chemical agency, being furthest removed from vital control, and already so far depraved as to be unfit for energising the body. Venous blood would bear death to any structure if it had no other, therefore whatever interrupts the supply of arterial blood will necessarily induce decomposition. Hence we find a morbid change in the blood whenever the capillaries are disordered, because in them the alteration from arterial to venous blood is accomplished. Venous blood, moreover, contains the debris of the tissues and whatever is conveyed by the absorbents into the circulation. It also appears that the nervous or vital power resident in the coats of the veins is readily destroyed, and hence the blood is easily arrested in them. From all these circumstances we may reasonably look for morbid change in the veins and venous blood in most diseases, and need not be surprised at the numerous instances in which it has been observed. If pus, for instance, be produced in any part and removed by absorption, it of course passes directly into the vein with which the absorbent communicates; in fact, it frequently occurs that certain veins are filled with pus in the neighbourhood of suppuration without the least evidence of phlebitis. This happens in uterine suppuration. Velpeau states that he has seen many cases of what he denominates purulent infection, in which the veins were full of pus without a trace of inflammation in them. Others have observed the same fact. Of course this may arise from inflammation of the absorbents, the pus being formed in them, and thence conveyed into the veins. In certain forms of puerperal fever such a condition appears to have been occasionally detected. If, however, the current of blood in a vein, or in the capillaries, be completely stopped, a change usually takes place in the contents of the vessel beyond the obstruction; and since the blood ceases to flow through, it often gets filled up to the point where another current passes it with the lymph which may have been conveyed into it by the absorbents, or received through its coats, for the veins themselves are absorbents. This lymph being at rest, and a portion of its water imbibed, either becomes organised, and soon converts that part of the vein into a solid cord, or else it assumes the appearance of pus; for lymph remaining at rest in the body is, I conceive, invariably subject to one of these changes.

Pus and fibrin are not very infrequently detected in the veins, and associated, also, with what are called secondary abscesses, without any discoverable connection with external lesion, and without evidence of phlebitis. This, I believe, occurs in consequence of vital exhaustion of the blood-vessels, and what Dr. Darwin calls paralysis of the veins. This state I have known to occur in consequence of fatigue and exposure to cold and wet; the blood, in fact, having been so vitiated by over-exertion as to be unfit for circulation; the capillaries being choked, the veins become charged with lymph. This condition is associated with continued fever.

The opinion that the formation of pus must always be preceded by inflammation does not appear to me to be well founded. I conceive we are warranted in believing that pus may be formed wherever the liquor sanguinis is arrested in the vessels, or lymph is separated from the blood. This may undoubtedly take place without what we are accustomed to call inflammation. I should say, if permitted to speak of my own investigations, that lymph is merely diluted liquor sanguinis, or blood without colouring matter. This fluid, when prevented from organising, perhaps by being too rapidly produced, or too liquid, or by deficiency of vital power, or by position, forms pus. That globular pus is not a distinct secretion may be proved by watching what takes place on wounded surfaces. The process is similar to that in the production of tissue—globules form in the midst of the albuminous lymph and cluster together.

As pus-globules are actually formed of fluid near akin to liquor sanguinis, it is not

surprising that they should be very like those of blood. It has been much disputed by microscopists whether there is really any difference between them. Pus-globule, however, is said to be less soluble and larger than blood-globule; but this, I conceive, arises only from that of pus continuing at rest, and acquiring, as it were, a denser capsule of albumen, for I find that pus-globule looks smaller when quite recent, and readily dissolves in whatever will dissolve that of blood.

May not all the disputes concerning the relative sizes and figures of blood, lymph, and pus-globules, be reconciled by the fact that these are all formed of albumen coagulated, or perhaps organised, under slightly different circumstances?

In order to determine how blood-globule is formed, we have merely to observe, with the help of a microscope, what happens in the process of incubation. Globules may very early be seen arranging themselves in clusters, and, as it appears to me, thus constituting the rudiments of the new organisation. These globules are colourless, like those of lymph, and if allowed to rest together, exposed to the air, become roughened, like those of pus. The heart of the chick beats briskly before any coloured blood is found in it, this being formed in the periphery of the egg and afterwards conveyed to the heart as the vessels are produced.*

Now, mere tissue contains no alkali, but the soda which was combined with the albumen is found in the serum and the liquor sanguinis. The soda is separated from the albumen as it passes into the form of globule and tissue. I find that any agency which will separate the alkaline menstruum from any solution of albumen will, with time and evaporation, cause the albumen to assume the same minutely globular character. Electricity and temperature modify the result. The presence of globules in pus and blood is, then, no mystery, but appears to be the necessary effect of a constant chemical law.

Pus has very nearly the same elementary constitution as blood: why, therefore, should it be poisonous? It is soluble in liquor sanguinis; its globules are not too large to pass through the capillaries; it is absorbed in abundance from large abscesses without mischief. Is it, then, reasonable to infer that it is noxious? The numerous experiments in which pus has been injected into the veins of animals do not prove that pure healthy pus is destructive or injurious, but that if it has been exposed to the air for some time it will kill when thus applied; but so would the blood of the animals themselves. Pus is absorbed from unopened abscesses without injury. Some gentlemen suppose that the globules are not absorbed, but that they remain in the sac, because a solid substance has sometimes been found there after the absorption of the fluid parts. This does not always happen, and where it does it is a consequence of the pus itself being changed into a new substance like cholesterine.

Pus, when exposed to the air, soon becomes acid, and this is the commencement of putrefaction. It is already a ferment, and will produce bad consequences when admitted into the blood. Pus, however, that has remained under the preserving influence of life, free from putrefactive tendency, is harmless, unless mixed with the blood in large quantities. It may be mixed with blood in considerable quantities without being discoverable; in fact, it is soluble in the liquor sanguinis and in warm serum, of course more or less so according to the quantity of free alkali and water. No doubt in absorption it is dissolved, and removed in a state like that in which it was deposited; that is, as lymph.

If lymph be too thin, or otherwise depraved, or so far removed from living connection as not to be speedily influenced by life, and thus organised, it undergoes changes which perhaps altogether prevent organisation, it is formed into pus. The action of oxygen seems necessary to this change, an action which proceeds after the formation of globules, when the fluid is exposed to the air. Oxygen is absorbed, a small quantity of carbonic acid is evolved, and the globules become more compact; thus we get the explanation of a curious phenomenon. The lymph, while exuding from any wound or any surface, inflamed or not, is alkaline, like blood, but when it assumes the appearance of pus it is neutral. The lymph absorbs oxygen; an acid is formed; the free alkali, the menstruum of the albumen, is neutralised; globules are produced; more acid is formed by the continued action of oxygen; the putrefactive process commences; a ferment is generated which is capable of exciting inflammation and mortification in all tissues not strongly fortified by living power.

If these views be correct the production of pus in certain circumstances is accounted for. Vital disturbance of the blood-vessels and arrest of circulation lead to effusion of serous fluid, and all that is required to convert this fluid into pus is due concentration with diminution of vital influence. Thus we find that if patients die while labouring under the first violent symptoms of puerperal fever, the only change is in the blood and its vessels, or perhaps a slight effusion in some part especially disordered. If they die soon after effusion takes place, the fluid effused appears like a sanious serum; if death

* It has been asked how the colouring matter is formed? Here we see it produced from iron, albumen, &c., with life, warmth, and air. Why not, then, in our lungs, as the chyle is converted into blood?

occurs at a later period, partial absorption having taken place, pus is found. This effusion, tending under deficiency of arterial energy to the formation of pus, is apt to occur wherever the natural secretion is of a serous character.

In all theories of disease it is necessary to regard the relation of five forces—Life, which reduces inorganic matter to organic forms; nervous energy, which modifies life; and chemical, mechanical, and mental power, which three are the manifest media of vital and nervous disturbance; that is, of disease. All disorder changes the relation of these forces, but the physical structure is, of course, a chemical and mechanical fabrication, and therefore all disturbance in it must be effected either chemically or mechanically; and whatever acts on it, whether mind, life, or nervous power, must act by producing chemical or mechanical alteration. As mind, life, and nervous power act chemically or mechanically, so whatever effects them through the body must act chemically and mechanically. Life lessens the attraction between the vessel and its contents; therefore, whatever affects the vital state of a vessel alters the circulation, and we see that its life depends on the chemical condition of the blood which supplies it, and this depends on the agents which may be brought into contact with it. Then, again, life prevents or modifies decay, by controlling the action of chemical agents on the body.

The first indication of disorder is shown in the nervous system, because there the alteration of the blood is first felt. The chemical and vital condition of the blood must be affected by every disturbance of function, for every function is carried on by changes of the blood in its passage through the organs. The exciting cause of disease is always something foreign to the body itself; the predisposing cause is either partial or general deficiency of vital power. The circumstances diminishing this power in the puerperal patient are frequently numerous; and I believe it has been plainly proved, on a large scale, in hospital practice, that those who have suffered most from depressing causes are most liable to infection. In the puerperal female, also, the blood is prepared for alterations and secretions, the slightest interruption to which must produce considerable disorder.

Of course, as the uterus has undergone the greatest change, it is especially obnoxious to disease. Here the exciting cause of puerperal fever first manifests its action, and here we must look for some invariable condition of disease. All that can invariably be discovered by dissection is the open wound from which the placenta was detached. This part is usually the seat of whatever lesion exists in the uterus, which is often lined with a false membrane like that which covers an amputated stump, as Cruvelhier has asserted. Thus we are conducted to a comparison of the puerperal patient with an individual who has suffered the shock of a surgical operation.

The first observation which occurs to the mind is the frequency of phlebitis, both in connection with an unhealthy stump, for instance, and the morbid wound in the uterus. Perhaps a feeble vitality is equally evident in both instances; but this, as well as the very early commencement of the disease, is proved in respect of puerperal fever, by the arrest of uterine contraction, since the uterus is nearly as large a fortnight after delivery as it should be immediately after that event.

Whatever would reduce vital force, or cause the organisation to offer a feeble resistance to the action of chemical agents, would, of course, act as a predisposing cause. Thus we find the influence of all poisons controlled by the previous condition of the patient; this is fully exemplified by dissection wounds and the bites of venomous reptiles. There is a just analogy between such accidents and puerperal fever.

The application of putrid or decaying animal matter produces rapid decomposition in certain tissues, by which a poison of a like kind is generated. I believe, from experiments, that the decomposition of membrane, arrested at a certain point, is productive of agents eminently poisonous. Perhaps the poison of serpents is of this kind. Some savage tribes are said to have discovered the means of preparing, from putrid human intestines, a venom for their arrows as deadly as that of the cobra-de-capello, and like it exciting symptoms similar to the worst forms of erythema anatomica. The first effects of these poisons appears to be directly on the coats of the vessels, causing changes in them and in their blood, by which the circulation is so impeded as to end in gangrene.

It is found that a false membrane is apt to be produced in the uterus of an unhealthy puerperal patient, which, like a similar secretion in hospital gangrene, is very prone to putrefaction under certain atmospheric and constitutional circumstances, thus affording a source of infection sufficient to account for the malignancy of puerperal fever. Membranous substance, in chemical character, very much resembles gluten, and like it speedily putrefies. The putrid ferment of membranous and gelatinous tissue is, I suppose, propagated in structures of a like kind, producing effects according to its relation. As to the nature of this poison, is it not probable that gelatine, the most highly nitrogenised compound of the body, may become still more highly nitrogenised in certain stages of decomposition, and thus approximate in property to those vegetable principles so distinguished by their deadly action on the animal economy? The poison

seems to exist before positive putrefaction commences, at least before ammonia is disengaged. May not the terrible effects of wounds in fibrinous parts be accounted for by the formation in them of some such poison as here suggested? Perhaps there are varieties of this venom, having tendencies to attack different structures. Certainly, that which I refer to seems especially to affect serous surfaces and other membranous parts. It has been remarked that decaying fibrine renders pus poisonous: this fact is enough to account for the effects of its absorption from an unhealthy wound, especially when occurring in the exposed lining of a vein.

Pain in the region of the uterus is not always the first symptom of puerperal fever, the arterial and nervous systems being often greatly excited before pain occurs. Rapid pulse, head disorder, and intestinal irritation, are pretty constant symptoms; abdominal pain and tympanitic distention soon arise. Some effusion into the peritoneum almost invariably happens, doubtless from the disease being propagated to this part, which perhaps the more readily fixes here and in the ovaries, since the blood furnished so copiously by the enlarged arteries of the uterus has been suddenly diverted. It thus falls in larger abundance on the abdominal viscera, and the more so when the lacteal and lochial secretions are suspended; thus the capillary circulation becomes impeded, and the exhalents are enlarged, so that a rapid effusion into the peritoneal cavity necessarily follows.

Malignant or adynamic puerperal fever, in its last stage, presents blood that coagulates imperfectly, having a brown or black appearance, the colouring matter being detached from the globules, and sometimes falling to the bottom of the vessel like a black powder. The proportion of water and alkali is smaller, and the number of globules increased in this stage. In the commencement the blood often presents those visible characters which are supposed to accompany inflammation, but which, I infer, merely indicate that the blood has not undergone its proper changes in the capillaries; that is, oxygen is either not absorbed or is not duly combined or disposed of, but forms compounds which ought not to circulate, or else there is an accumulation of those substances which ought to have been secreted or eliminated. There is an interference with the process of waste and decay, a disturbance of the chemistry of life. The fibrin and albumen (which seem to differ only in their capacities of combining with water) appear in greater proportion to the coloured globules and serum, because, as I imagine, the lymph is not fully converted into blood, the nutrient and secerning processes being interrupted. Hence, also, the blood in inflammation contains more salts, which may be the reason why the globules run so quickly together in rolls, and thus subside, while the fibrin or buffy coat congeals above them. This redundancy of saline constituents in the blood probably gives a tendency to greater activity in the secerning vessels of those parts especially liable to effusions of lymph. Undue secretion often succeeds a partial arrest, so that the accumulation sometimes terminates in deficiency of salts, and the blood becomes like that of low fever. The inflammatory appearance is the commencement of sanguineous vitiation, and, of course, as long as the vital power continues efficient, the withdrawal of blood, to a certain extent, assists the system, both in fever and inflammation; but in puerperal fever the period for this relief is quickly passed. In puerperal women the redundancy of blood, having large proportions of alkali and fibrin, as the proper accompaniment of gestation, is suddenly directed to new channels. The secretion of milk and the lochial discharge are the healthy results of the parturient state, and these at once relieve the system of the superabundance referred to. Probably from the circumstance of so much deteriorated blood being returned from the fœtus to be changed or removed by the system of the mother, we obtain an explanation of the fact that her blood in the latter months of gestation presents appearances which have been associated with an inflammatory condition. This state of blood at least supplies a reason why pregnant and puerperal females, as observers in all ages have testified, are especially predisposed to receive epidemic diseases.

It would be interesting to trace the connection which has been frequently observed between puerperal fever and other diseases that appear to originate in morbid animal poison, such as erysipelas, gangrene, and typhus fever. It is, probably, enough to allude to the fact that gangrenous erysipelas has been constantly associated with the worst forms of puerperal fever. They appeared mutually to have produced each other at the time when the latter disease first evinced so deadly a malignity at the Hôtel Dieu, in 1664, as related by Peu. Perhaps the most striking and instructive cases recorded are those given by Mr. Storr, of Doncaster, in 1842, since they afford almost a demonstration that gangrenous erysipelas was the source of infection to a number of females who died of puerperal fever. The connection of what has been called puerperal peritonitis and gangrenous erysipelas has, however, long since been clearly pointed out by many writers.

The conclusions to which my mind has been conducted by all the facts I have been able to collect are these:—First. That aporadic or spontaneous puerperal fever arises from the decomposition of a membranous substance in the uterus. Secondly. That

epidemic puerperal fever is dependent on those circumstances which generally favour the production of this morbid poison and its diffusion by contagion and infection. Thirdly. That this poison is of a nature similar to that which produces hospital and erysipelatous gangrene, which are also associated with phlebitis.

The production and putrescence of a false membrane in the uterus I attribute to a feeble vitality, however induced, whether by partial atony of the vessels, or some cause of general adynamia. The life of the capillary system is undoubtedly disturbed, or otherwise we cannot account for the deposits of pus, and other consequences or concomitants of poisoned blood.

The success of certain treatment perhaps best elucidates the nature of the malady. Dr. Ferguson found a return to the accustomed stimulus of gin highly useful in checking its extension: the same plan is often successful in bad cases of phlegmonous erysipelas. Probably turpentine, which has been lauded as a powerful remedy in both these diseases, may act in a similar manner, by preventing putrefaction. Opium, also, especially as combined in Dover's powder, has been found particularly beneficial in the earlier stages of puerperal fever, because, as I conceive, it hinders those changes in the blood which the morbific cause is apt to produce. It is, perhaps, the most powerful agent we possess in arresting inflammation and mortification proceeding from the action of irritants, even when the existence of lesion favours their operation. Chemical physiologists inform us that the earliest methods of checking the progress either of inflammation or of decay, is to diminish the supply of oxygen. This appears to be admirably accomplished by the use of opium in full doses. So powerfully does it influence the lungs, probably by direct action on their nervous system, that the venous blood appears to return from them unaltered. When the body is fully under its power, as in poisoning with opium, the blood drawn from an artery has been found to present the venous character.* But whatever may be the explanation of its action, there can be no doubt that the largest experience warrants our confident yet cautious use of opium in the active stage of puerperal fever.

The use of carbonate of potash in this disease was at one time highly extolled, but the seemingly absurd theories of those who first introduced it, being speedily scouted, their remedy also was neglected, notwithstanding the facts that spoke in its favour.

Guinot, and the pathologists of his time, imagined that puerperal fever was the result of a metastasis of the milk, which, becoming sour and putrid, caused all the strange symptoms, since he found that the lochial discharge, and the fluids effused into the different cavities of the body, were acid and offensive. He proposed the employment of alkalies, and cured many patients with potash and cordials.

Undoubtedly the blood of the parturient female is usually ready to furnish milk, and therefore it ought to be secreted, and if it be not its elements are unnaturally retained in the circulation, or else diverted by other secretions. That they are sometimes retained, or even restored by absorption, many facts appear to testify. A fluid, chemically resembling milk, has been known to exude over the whole skin after the sudden suppression of the lacteal secretion,* and has been also found in the peritoneum, on tapping, some weeks after parturition.

Now we find, by experiment, that no fluid is so soon affected by contact with decomposing animal substance, especially membrane, as milk. It the more readily becomes sour from its containing sugar. That sugar sometimes exists in the blood of pregnant women is probable, Prout found it in the liquor amnii. The secretion of sugar in milk would naturally induce us to expect it in the blood, since in the only other instance of its secretion, that is by the diabetic patient, chemists of note† have detected it there. If sugar exists in the blood, will it not dispose that fluid to several chemical accidents, from which it might otherwise be exempt? It would be more ready to become acid under the action of a putrid substance. Some celebrated chemists, I am aware, have denied the possibility of the blood becoming acid while in the vessels; but others maintain that it may, and cases are recorded in which it appears to have been so. However, while doubt exists on this subject, we are at least warranted in the suspicion that the use of sugar in a disease like puerperal fever may be injurious; I believe I have found it so, and therefore have advised, with advantage, the use of salt instead.

Alkali, especially soda, is of vast importance in the vital economy. It combines with the albumen of our food, being separated from the hydrochloric acid of common salt during the digestive decomposition, and it reunites with the albumen restored from the tissues, so as, both in the primary and secondary digestions, to prepare the albumen for its conversion into blood. The balance of its proportion in this fluid seems to be chiefly maintained by the liver, in which soda is secreted again to combine with the acid of the chyme. The alkalescence of the blood is, therefore, par-

* It may be incidentally remarked, that the breathing of oxygen, in addition to the use of electricity, as recently proposed, is likely to be a proper antidote to opium.

* See Lancet, Dec. 24, 1842.

† Dr. Christian, Dr. Maitland, &c.

ticularly worthy the physician's attention. When the digestive function is imperfect, and especially in low fever, it is well to furnish soda, free from combination, to the stomach; for it must be wanted, the deficiency of soda in the blood being in such cases very marked, as is also the improvement in the symptoms after its exhibition.

There is a deficiency of alkali in the blood during puerperal fever, and the secretions are remarkably acid. The stomach and intestines are distended with a green acid fluid. The urine, the lochia, the saliva, the perspiration, and frequently the pus deposited in various parts of the body, are acid; hence, probably, the peculiar smell of the patient in the latter stages of the disease. Experiment demonstrates that acid is produced in animal fluids by the presence of putresence, and this is not wanting in puerperal fever. Alkali has, I think, the property of preventing this change, and of dissolving coagulated fibrin, thus arresting and and removing the effects of inflammation. It hinders the spreading of hospital gangrene, a disease attended by a glutinous exudation on a wounded surface, which becoming putrid, extends decomposition and excites a great degree of fever. The glutinous exudation being removed by a solution of potash, in the manner proposed and practised by Mr. Blackadder, the disease is arrested. Delpech, also, employed potash, with great success, in this affection; but yet neither of these gentlemen seem to have suspected that their application to the wound was beneficial simply as an alkali.

Since, then, we possess good evidence that puerperal fever has been cured by potash, and its concomitants modified by its action, there can be no reason why it, or soda in its stead, if found equally applicable, should not be employed, especially as alkali is safely, if not advantageously, used, both in fever and inflammation. It is also compatible with opium and tonics.

There are other reasons why I deem potash beneficial in this disease. It is essential to the secretion of milk; it retards, if it does not prevent, suppuration; and it assists to remove pus when formed. I have often watched its effects in hindering the formation of globules in effused lymph. John Hunter, I believe, was the first to observe the effect of potash in preventing and curing purulent deposits. The large dilution proper for its exhibition is favourable to the useful action of this medicine, which also seems to cause the attraction and retention of more water in the blood. May it not be injected in a largely diluted state into the uterus itself? Injections of warm water are certainly very serviceable. I would venture to suggest the addition of a minute quantity of creosote also, because of its known property of preventing putrefaction. In no malady does the internal parts of the body sooner become putrid.

A disease manifesting so decided a tendency to putrefaction certainly requires that the vital powers should be sustained to the utmost, but yet without excitement, lest we kindle a flame which may find fuel only in the weakened body.

## PREGNANCY OF A PLACENTA WITHOUT A FŒTUS.

A CURIOUS (if true) case of this description is reported in a recent number of the "Gazette des Hôpitaux." The cause of the phenomenon cited was, in the opinion of the patient, a fright experienced in the second month of pregnancy, and which was followed by syncope and violent pains in the hypogastrium, and lumbo-sacral region. Gestation was accompanied throughout with dyspnœa, disturbance in the alimentary canal, mental depression, absence of all motion in the fœtus, &c., and at the end of six months the abdomen was much larger than it is usually at that period. Three weeks previously to delivery occasional hæmorrhage set in, which persisted in a greater or less degree to the completion of the term. After an hour spent in feeble pains, a large quantity of amniotic fluid was discharged, of a very fetid smell, and a whitish, granulous appearance; which evacuation was followed by an abundant uterine hæmorrhage and the expulsion of a placenta of large size, with an umbilical cord of ordinary length, terminated by a cicatrix. In this case our contemporary seems to think it most probable that the life of the fœtus was destroyed by rupture of the umbilical cord, and that, having putrefied, it became either absorbed or dissolved in the liquor amnii. This explanation may, indeed account for the absence of the fœtus; but a stubborn fact is still left unexplained, namely, the presence of a large and fully developed placenta, which, after the rupture of the umbilical cord in an early period of gestation, must have remained an useless organ. The reporter of the case, however, thinks similar occurrences not uncommon. He says, "The influence of mental emotions in the mother upon the fœtus is doubtless powerful during pregnancies of unmarried women, who desire to conceal their condition; and we are inclined to believe that placental pregnancy is more frequent than is generally supposed, and that it has often existed in cases where a charge of infanticide has been made, but the infant not discovered. When, therefore, the placenta and its appendages become the subject of judicial investigation, it is the duty of the medical jurist to examine carefully these organs to discover if any obliteration exists in the cord which may have been sufficient to cause the death and consequent dissolution or absorption of the fœtus."—*Annales de Gynecologie*,

## INFANTS FOUND DEAD.

*To the Editor of* THE LANCET.

SIR,—I beg to enclose the following remarks upon the medical evidence in suspected infanticide, illustrated by some cases which have recently fallen under my own observation. I remain, Sir, your obedient servant, R. H. SEMPLE.

Islington, March 27, 1843.

### CASE I.

On Tuesday, Dec. 6, 1842, I examined the body of a female infant which had been found wrapped up in some rags. There were no marks of violence on any part of the surface, but the cuticle was detached in many places by incipient putrefaction. The hair and nails were fully formed. The umbilical cord was sixteen inches long, not tied, but apparently torn. There was no meconium flowing from the anus. The body weighed 3 lbs 5 oz.; it measured sixteen inches and a half in length, ten inches being above the navel, and six inches and a half below it. It was, therefore, evident that this infant was not born at the full period of gestation, since in full-grown children the average length is from nineteen to twenty inches, the weight from five to eight pounds, and the position of the navel-string is in the centre of the body, or nearly so. As in this case, however, the fœtus was of about eight months' growth, it might have been born alive.

The chest was examined, and the lungs were found to occupy only a small portion of the cavity. The heart and lungs were taken out together and immersed in water of the temperature of the atmosphere. They all sunk to the bottom. Each lung was then immersed separately in water, and each likewise sunk. On examining the heart, the foramen ovale and the ductus arteriosus were both found open. There is, therefore, no doubt whatever that this infant was still-born, though I do not place any reliance upon the open state of the foramen ovale and the ductus arteriosus, as both those apertures may be patent in cases where the infant has been born alive, and may not be closed for some days, or even weeks, after birth. Taken in conjunction, however, with the uninflated condition of the lungs, it is certain that the blood never circulated, and the lungs never performed the function of respiration, and consequently that the child never lived. This case also deserves notice, inasmuch as it proves that although putrefaction had commenced, yet the lungs sunk in water; and I would direct particular attention to this fact, because the existence of putrefaction is too often adduced to disprove the validity of the hydrostatic test.

### CASE II.

On the 13th February, 1843, I examined the body of a female infant which had been found in a field wrapped up in some coarse linen; it was apparently full-grown; there were no marks of violence except a slight appearance of lividity over the os frontis. The umbilical cord was three inches and a half in length, cut, but not tied. Meconium was flowing from the anus. The weight of this infant was 6 lbs 11 ozs; the length was twenty inches and a half, ten inches and a half below the umbilicus, and ten above it. The weight and measurement are those of a child born at the full period of gestation. The eyes were sunk. On opening the chest the lungs were found to fill the cavity. The heart and lungs were removed together, and plunged into water; they all floated upon the surface. Each lung was then removed separately and plunged into water, and each likewise floated. The lungs were then cut into pieces, and each piece floated; every part of the lung crepitated. There was no appearance of putrefaction on any part of the body. The heart was then examined, and the foramen ovale was found completely closed; the ductus arteriosus was also closed. The heart contained a small quantity of blood, which was fluid. The other viscera were healthy. On examining the head a bruise was found upon the os frontis beneath the livid mark seen externally; this bruise was of about the size of a half-crown, and there was a patch of coagulum on the frontal bone corresponding with the bruised appearance on the scalp. On the surface of the left parietal bone there was also a larger patch of coagulum of a gelatinous appearance, and of the colour of blood. There was no fracture of any of the cranial bones. The brain presented no unusual appearance.

In this case there is no doubt whatever that the infant was born alive, and the most probable cause of death is to be found in the injuries observed upon the head. It is quite impossible, however, to say with certainty that death was owing to this cause, for the existence of such injuries may be compatible with life. How these injuries were produced, it is also difficult to determine, whether by the passage of the head during a difficult labour, by an accidental fall, or by intentional violence. I do not think the first a satisfactory cause, for the peculiar mobility of the fœtal cranial bones appears to render such an occurrence impossible, and if the head were compressed and an apoplectic state thereby produced, the lividity would be general, not local as in the present case. Besides, if the infant were born apoplectic, it is not probable that the lungs would have performed their function. The injuries must, therefore, have been the results of accident or of violence, but in the absence of any circumstantial evidence it is impossible to determine which.

### Case III.

On the 20th of March, 1843, I examined the body of a male infant, apparently born at the full period of gestation, but thin and puny. It had been found in the New River, wrapped up in an old handkerchief, with a large brick attached to it by a cord. There were no marks of violence on any part of the body, no appearance of ligature round the neck, there was no lividity, nor any symptom of putrefaction. The tongue was not protruded, the eyes were sunk, and the scleroticæ of the usual colour. The navel-string was not tied, and about four inches in length; there was no meconium flowing from the anus. Owing to unavoidable circumstances this body was not weighed or measured.

On removing the sternum the lungs were found to occupy only a part of the cavity of the chest, and were of a dark colour, resembling liver. Nevertheless, when removed from the body, they floated upon the surface of water, and when compressed they crepitated in every part. The heart presented no unusual appearance, and contained a small quantity of blood. The stomach was empty, and its mucous membrane of a pale colour. The intestines and other organs were healthy. All the organs of the body contained the usual quantity of blood. There were no marks of extravasation or congestion in the head or brain.

In this case there can be little doubt that the infant lived, but it is wholly impossible, from the post-mortem appearances alone, to form any decided opinion as to the cause of its death. Nearly all the evidence is of a negative character. That it did not die from hæmorrhage of the umbilical cord is proved by the fact, that the organs of the body contained their usual quantity of blood; that death was not the result of asphyxia from drowning, ligature round the neck, or suffocation, may be inferred from the absence of all appearances leading to such a conclusion; there was no appearance of poisoning nor any symptoms of natural disease. My own opinion is, that it lived only a short time, an inference which I draw from the partial inflation of the lungs; and that it died from natural debility, or, perhaps, from inattention.

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### Case IV.

On the 23rd of March, 1843, I examined the body of a male infant, recently born, and apparently full grown. It had been left wrapped up in some rags in a partially inhabited house, but the person who left it had escaped. The meconium was flowing abundantly, and the surface of the body was smeared in various parts by that fluid. The navel-string was five inches long, not tied, but cut in an oblique direction; it was beginning to desiccate. The most prominent appearance observable in this body was the remarkable lividity of the whole of the head and face, which were of a purple colour, approaching almost to black; there was no mark of a ligature round the neck. The tongue was of a dark colour, and protruded beyond the lips; some blood of a thin consistence was flowing from the nostrils; the eyes were protruded and bloodshot. Putrefaction had commenced about the trunk, and especially about the back and abdomen, which were of a greenish colour, very distinct from the colour of the head and face. The cuticle was detached from the subjacent skin in various parts owing to putrefaction. The nails were perfectly formed. The weight of the body was six pounds; the length was twenty inches and a half; eleven inches being above the umbilicus, and nine inches and a half below it. The abdomen was distended with gas, which escaped on making an incision into the cavity; this gas by its odour appeared to be sulphuretted hydrogen produced by putrefaction. There was a considerable quantity of fat beneath the skin.

*Head.*—On separating the scalp from the skull, the intervening space was found filled with an enormous quantity of extravasated blood, part being semi-coagulated and of a tarry consistence, and part being thin, fluid, and serous. This effusion was not confined to any particular part, but spread over the whole surface of the cranium. The cranial bones presented the usual appearances, and were not fractured in any part. The brain was excessively congested, the veins being filled with blood.

*Chest.*—On removing the sternum the lungs were seen filling the cavity of the chest; they were of a light pink colour. The lungs and heart were removed together and plunged into water of the temperature of the atmosphere; they floated upon the surface. Each lung was then plunged separately into the water, and each likewise floated, and having been divided into pieces each piece floated. The lungs were not in a state of putrefaction; and on being compressed they crepitated throughout. The heart was healthy, and contained very little blood. The foramen ovale was closed completely, but the ductus arteriosus was open.

*Abdomen.*—The liver was of a very dark colour, with vesicles containing gas upon its surface; it was in a state of incipient putrefaction. The stomach was empty, and its inner surface was congested. The intestines were healthy, and the large intestines were filled with meconium. The bladder was empty.

The general appearance, size, weight, and measurement of this infant prove that it was born at the full period of gestation, and that it lived after its birth is evident from the following circumstances;—

1. The lungs were inflated with air and floated upon the surface of water, although the putrefactive process, which had commenced in some parts of the body, had not reached those organs.

2. The foramen ovale was closed.

3. The meconium was flowing from the anus.

4. Blood was extravasated between the scalp and the skull.

That it lived some hours after birth may be inferred from the appearance of the umbilical cord, which was beginning to desiccate.

It can hardly be doubted that it came to its death by unfair means, an opinion which is derived from the appearances observed about the head and face. The remarkable lividity of those parts, the protrusion of the tongue, the prominent bloodshot eyes, the extravasation beneath the scalp, and the congested state of the vessels of the brain, all concur in indicating death by asphyxia.

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I shall now offer a few remarks upon the tests which are employed to determine the question whether an infant has been born alive, and upon the causes of death in newly born children.

*The Hydrostatic Test.*—This is one on which the greatest reliance may be placed, notwithstanding the objections which have been advanced against it by some writers. The principal objection is, that the lungs may float from putrefaction as well as from the presence of respired air; but I think it hardly possible for any person who has been in the habit of observing the healthy and morbid conditions of the body to confound a healthy with a putrid lung. Besides, it is a well-known fact that the lungs resist putrefaction longer than any other parts of the body; and by reference to Case I. in this paper it will be seen that although putrefaction had commenced in other parts, the lungs sunk in water. In a case of an abortion which I examined the summer before last, the lungs sunk in water, although the decomposition of all the other parts was very far advanced. It has also been objected that the lungs may float in consequence of artificial inflation, which must be a very rare occurrence; from the presence of emphysema, which, however, can be readily distinguished; and from uterine respiration, which is impossible.

*The Foramen Ovale.*—When this aperture is found closed it affords decisive evidence that the child was born alive, because its patent condition is indispensable to the fœtal circulation; but when open, it must not be concluded that the child was still-born, because it may remain unclosed for many days or even weeks after birth.

*The Ductus Arteriosus.*—The same remarks apply to this canal as to the opening called the foramen ovale; its obliteration proves that the infant lived, but its open condition does not prove the contrary.

*The Meconium.*—This substance is expelled soon after birth in consequence of the expansion of the lungs, which press upon the diaphragm and abdomen, and thus discharge the contents of the intestines. Where the meconium is found flowing from the anus there is, therefore, strong presumption that the child has lived after birth, though taken singly, this test is not of much importance, because, as it has been remarked, the meconium may be expelled in breech presentations, even although the child may be born dead; and Dr. Denman met with a case in which the meconium was discharged upwards of thirty hours before the child was born.

*The Presence of Extravasated Blood.*—This can only exist in cases where the infant has lived, because it is impossible to produce such an effect in a dead body.

*The Causes of Death in Newly-born Children* are very numerous, and cannot often be determined with accuracy by mere post-mortem examination. The tenacity of life exhibited by some is quite as remarkable as the facility with which the vital principle is extinguished in others; and a knowledge of this circumstance should render the medical jurist extremely cautious in giving his evidence in cases involving the guilt of any party. As an instance of the difficulty of destroying life in a new-born infant, I would refer to the following case which came under my notice about two years ago:—A female servant in a respectable family residing in Islington, was delivered of a child without the knowledge of the rest of the inmates of the house. It appeared by subsequent investigation that she took the infant to the privy in the garden and deposited it there, and not satisfied with merely immersing it, she actually endeavoured by a pole to press it beneath the surface, and thus effectually to conceal her shame by destroying her infant. It proved, however, that her efforts were fruitless, for one of the family having occasion to go into the garden was alarmed by what appeared to be the cries of an infant, and communicated her suspicions to the rest of the family. My uncle, Mr. W. Semple, was immediately sent for, and he succeeded after great exertions in extricating the infant from its perilous situation. The child lived many days after birth, and when it died its death could not clearly be traced to the efforts made to destroy it. The woman, however, was tried at the Old Bailey for concealment of the birth, and very justly found guilty, and was sentenced to ten years' transportation. Another case, of an opposite character, occurred in the Islington Workhouse, and has already appeared in the pages of THE LANCET. In that case a woman was delivered of an illegitimate child, which lived for some days, and exhibited no

symptoms of disease, until one afternoon it was found lying dead by the mother's side. After a careful examination of this infant, it appeared that there was no reason to suppose that it died by violence, and the coroner's jury very properly returned a verdict of "Natural death."

Death from hæmorrhage in consequence of neglect in tying the navel-string is, I should imagine, a very rare occurrence, although I am aware there are a few such cases on record. The appearances in such a case are sufficiently distinct, and consist in the presence of a large quantity of blood upon or near the body, a waxy, pale appearance of the surface, and a blanched, exsanguinated state of the internal organs.

Death from exposure to cold can with difficulty be determined by post-mortem examination, and it can only be inferred in most cases from the absence of other symptoms. That this is a very common cause of death can hardly be doubted; and history informs us that in Greece, especially at Athens and Sparta, newly-born infants were purposely deprived of life in this manner; and Aristotle and Plato did not hesitate to commend this inhuman practice, which, to our deep disgrace be it spoken, appears to prevail to an enormous extent in our own Christian country.

Death from wounds or blows, from asphyxia either by drowning, strangling, or suffocation, from the inhalation of noxious gases, or from poison, may be determined with considerable certainty, and it is quite unnecessary to dwell upon the peculiar appearances observable in each of these cases, as they are well known to all medical practitioners.

## THE AERATION OF THE FŒTAL BLOOD.

*To the Editor of* THE LANCET.

SIR,—After the correspondence which has already filled so much of your valuable space respecting the functions of the spleen and placenta, I will condense my remarks on this subject within the smallest possible compass.

Let us look upon the human ovum, when disengaged from the Fallopian tubes, as being in much the same situation as an egg when excluded from the cloaca of an oviparous animal; both require aeration, but the means by which it is effected are different. During the period of incubation the egg is surrounded by the atmosphere, and the arterialisation of its nascent blood is carried on in the allantois by the imbibition of air through the porous shell. The ovum, on the contrary, is inclosed in membranes, and surrounded by the thick structure of the uterus; it is thus deprived of all contact with the external air. Some substitute for this must be provided, and it evidently is by the placenta.

Let us now compare the placenta with the lungs. In either organ we discover two sets of vessels; the one set conveying a fluid which exerts a certain action upon the blood as it circulates through the other set, though without any direct inosculation of the two sets.

Thus, in the lungs, in close juxta-position with the extremities of the bronchi, which convey the air inhaled by the expanding chest, are the minute extreme ramifications of the pulmonary arteries terminating in the origins of the pulmonary veins. In this minutely divided part of the respiratory apparatus the blood undergoes the process of aeration, not by the union of the arteries and bronchi, but by the permeability to gases of the delicate coats of the ultimate sanguiferous and aeriferous canals here placed in such close contact. Now, the disposition of the placental vessels is precisely similar. I will not swell this communication by the recital of experiments, or by the citation of authorities. The nature of the anatomical facts on which this theory is based will occur to every reader of THE LANCET.

Considering, then, the singular analogy observable between the arrangement of the umbilical vessels with regard to the uterine artery, and the disposition of the pulmonary vessels with respect to the bronchi, I cannot avoid the conclusion that in the placenta we are presented with that substitute for direct atmospheric influence which the inclosed state of the fœtus demanded. Upon this hypothesis, and adopting the theory of Liebig, the dis-oxygenated blood of the umbilical arteries arriving at the extremities of those vessels which are in close juxta-position and parallelism with the minute rami of the uterine arteries, is aerated by means of the per-oxydised corpuscles of the maternal fluid, depriving them of their superabundant oxygen; this, permeating the thin coats of the two sets of vessels (as air does in the lungs, from the bronchi to the arteries), renovates the fœtal blood, which thence passes directly into the umbilical vein (as in the lungs, from the pulmonary artery to the vein), and returns into the fœtal circulation. It would be easy to enlarge upon many of the heads which I have merely touched upon, but I am fearful of extending this to too great a length. I have the honour to remain, Sir, your obedient servant,

ELE.

Dorset-street, Portman-square,
March 25, 1843.

M. PITSCHAFT, of Baden, asserts that he has cured incontinence of urine in patients of either sex by small doses of strychnine. To insure success, however, it is necessary that the bowels should be cleared before commencing the use of this remedy.

## TREATMENT OF GOUT WITH CARBONIC-ACID GAS.

*To the Editor of* THE LANCET.

SIR,—In a work that I recently published, with the express object of recommending a particular remedy for the cure of that painful and intractable malady, gout, it was stated that, so far as my own experience went, the remedy in question, carbonic-acid gas, shortened the paroxysms, and lengthened the intervals of the attack to a greater extent than any other with which I was acquainted; that attacks which before had lasted two or three months, were reduced in the end, and after the lapse of some years, to as many weeks or days; while the disease itself, instead of returning twice, or three times every year, was only experienced every second, third, or fourth year. Two cases only were then given illustrative of the efficacy of the remedy: one showing the effect during a paroxysm, and the other its ultimate result. Although these cases were considered to be sufficient at the time for the object contemplated, I was in hopes that some of my professional brethren would, ere this, not only have given the remedy in question a fair and proper trial, but have also been induced to make the result of those trials public; for it was in this hope and expectation that I published the work in question. Being disappointed in this respect, however, and having received several private communications on the subject, I have selected the following case, thinking that the history of it would not be unacceptable to the readers of THE LANCET:—

The writer is an English gentleman, resident in Barcelona, who, having experienced an attack of gout last spring, wrote to me for directions respecting his own case, and subsequently for that, the history of which I am now about to relate. Although the same result has been obtained in both instances, I have not deemed it necessary to give the particulars of the former, in consequence of the case being a mild and recent one. After speaking of the satisfactory state of his own health, the writer thus continues:—"You must know, then, that your remedy appears to have effected a radical cure in the patient who has been under my charge since last June. It is such a striking case of the success of your treatment that it really deserves to be added to the work, and I regret very much that I am so little qualified to draw up a report for that object. I could, however, get something like a deposition from the patient, attested by respectable witnesses, if such a document could be of any service in making known the wonderful effect of *carbonic acid gas*.

"The person in question (a Spaniard) is about forty years of age, and has suffered very severely for about fifteen years, with three or four attacks every year, of the most severe kind, the disease generally commencing in the hands or feet, and extending itself to the elbows, knees, shoulders, &c., and on one occasion to the testes. He describes the agonies he used to suffer as so great that he has frequently called on those about him to put an end to his existence. His fingers are distorted and crooked, and, in short, although it may be an improper remark on such a serious subject, he went by the nickname of 'commander of the gouty legion.'

"The draughts (effervescing) were given to him, in the first instance, at the onset of an attack in the right hand, brought on, as he supposed, by a fit of passion the preceding day. The inflammation subsequently reached the elbow, but went no further. He complained, however, of the pain this time being even greater, if possible, than he had suffered before, and being an ignorant man had got it into his head that it was owing to the disease not being able to spread as usual, by which all its malignity was concentrated in one spot. I made him take the draughts every three hours, supplying out of my own stock of French soda, not trusting to the Spanish, which, you know, is inferior. In three days he came round, the violence of the pain and inflammation having subsided, after which he only took the draughts three times a-day, until all symptoms of the attack had disappeared.

"After this he continued quite free from the disease for three months, when symptoms of another attack were felt; but, full of belief in the efficacy of the remedy, he passed the first or better part of the night in taking a draught every two hours, or even more frequently, till at last sleep overcame him, and when he awoke late in the morning every symptom had disappeared, and he found himself as if he had been dreaming and quite well. From that time down to the present day (now five months) he has had no signs whatever of the distemper."

It is right to state that, in addition to the effervescing draughts, I advised the patient as soon as the intensity of the attack had subsided, and the inflammation had partially disappeared, to take a few grains of blue-pill every other night, and an electuary composed of sulphur and magnesia in the morning. When the latter combination was not found sufficient, I ordered an aloetic preparation to be added to the blue-pill, so as to keep up a gentle action on the bowels. A slight aromatic tonic was taken for some weeks after the attack had entirely subsided. This, or some other plan of treatment, varying, of course, according to circumstances, will always be requisite in old and severe cases, for the administration of a remedy like carbonic-acid gas cannot of itself be sufficient to remove effects that have resulted from long and repeated attacks,—if, as I infer, this agent acts only by removing the

cause of the disease, the presence of a morbid matter in the system. In mild and recent attacks the removal of the cause will generally be sufficient to remedy the effects, but, in other instances, such a result cannot be expected. If, however, we have the means of removing the cause with skill and certainty, the task of remedying the effects will be, comparatively speaking, an easy one, except in those cases, but too frequent, alas! in which organic disease has resulted from long-continued attacks of the disease.

In closing these remarks I am bound to add that the result obtained in so old and intractable a case as that under consideration, appears to be greater than what I have myself experienced; and I am induced, therefore, to ascribe the difference to a circumstance that has been before dwelt upon by me, viz., that in Spain the type of most diseases is milder, and that the cases are less complicated than in this country;* not that I infer, with the reporter of the above case, that a radical cure has been effected, if, by "radical cure," he meant a *total* exemption from future attacks. This must be apparent from a slight consideration of the subject, for if the remedy in question acts only by removing the immediate not the remote cause of the disease, no matter what that cause is, whether external or internal, the individual must always be liable to be again brought under its injurious operation and so experience its effects to a greater or less extent the same as before the first attacks of the disease. If, however, the facts before mentioned are to be depended on, instead of the attacks continuing three or four months, and returning two or three times a-year, they will be in the end, and after the lapse of some years, reduced in duration to as many weeks or days, and only be experienced every second, third, or fourth year.

Trusting that the result of the treatment of the preceding case will be considered sufficiently conclusive to induce some of your numerous correspondents to give the remedy in question a fair trial, and, at the same time, to make the result of that trial public, I am, Sir, your obedient servant,

J. Parkin.

Dover-street, March 29, 1843.

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## MORTIFICATION AND ENTIRE SEPARATION OF THE UTERUS, AFTER A LINGERING LABOUR.

### RECOVERY OF THE PATIENT.

Mr. Darvill, at a late meeting of the Medical Society of London, related the following case:—He was called on Sunday night, December 15, 1839, to Mrs. B., aged thirty-seven, pregnant for the first time. He found a little, spare woman, with a depressed and anxious countenance, and a quick, small, and weak pulse. She complained of pain in the loins, and believed that labour had commenced. On examination this was found to be the case. He was sent for again on Tuesday, the 17th, and he then found the orifice of the uterus dilated to the size of a shilling. The pains were confined to the back, and very slight. She said that the child had kicked very strongly all day. On the 18th the os uteri was dilated to the size of a half-crown-piece, the parts were lax, and there was plenty of room in the pelvis: there was still, however, pain only in the back, and so slight as scarcely to be called pain. In other respects she continued the same. He had so unfavourable an opinion of her that he told her husband he was doubtful whether she would do well. On the 19th the os uteri was dilated to the size of a crown-piece, the pains slighter than yesterday; she complained of the child having moved very much in the night. The soft parts were moist and yielding. Four half-drachm doses of powdered ergot of rye, recent and good, were administered at intervals of half an hour, with a little brandy and water, but no pain was produced, all she felt being a little bearing down. On the evening of this day the head of the child was found to have entered the pelvis.

20. She was in the same condition without any pain. The labour having advanced after taking the ergot the previous day, though no pain was produced, she again took two half-drachm doses of ergot, at intervals of twenty minutes, followed by beef-tea and ammonia. The bladder being distended, about half a pint of urine was removed by the catheter. In the evening the head was on the floor of the pelvis: he proposed to deliver with the forceps, but the husband objected to it. He could with ease pass his finger round the head, between it and the pelvic bones, and the soft parts were lax, and neither tender nor hot.

21. Was called again at two o'clock this morning, and found her in every respect the same as over-night. He again proposed to deliver by forceps, but this was not consented to, and at ten o'clock the head was still on the floor of the pelvis, the scalp protruding; she complained of great drowsiness. He was still not allowed to deliver with forceps. At two o'clock she was still in the same state, but at six o'clock he found that the head had passed without her being aware of it. With some difficulty he passed his finger under the chin, and applied powerful traction. At this time Mr. Crisp, who had been sent for by Mr. Darvill, arrived, and it took them about half an hour to deliver the body of a very large child, quite putrid, the cuticle peeling off when touched, and the

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* Vide Lancet, May 12 and 19, 1838, on the State of Medicine in Spain.

abdomen quite tympanitic. As contraction of the uterus could not be produced, Mr. Crisp passed his hand into that organ and peeled off the placenta, Mr. D. standing by, to compress the uterus in case of hæmorrhage, but no contraction or hæmorrhage took place. The uterus felt much below its usual temperature; the placenta was putrid and very offensive. The hand was then passed carefully over the interior of the uterus to ascertain if anything remained, but nothing could be felt. A bandage and compress were then applied, brandy and water and ammonia given, and when she was removed to her permanent bed an opiate draught. She slept until the middle of the next day (the 22nd), being part of the time covered with a cold perspiration, and the pulse being almost imperceptible. When she awoke she had beef-tea, and in the evening she felt quite easy, had a warm skin, and a gentle perspiration. She felt thirst, and took effervescing salines with excess of soda. Urine had passed.

23. The countenance appeared less depressed; the skin rather hot; pulse 86, and a little sharp; the compress was removed; the abdomen was slightly tender; the uterus was about half contracted. There had been no discharge. Warm water was ordered to be injected into the vagina frequently. In the evening the tenderness had increased; pulse 92, sharp; abdomen slightly tympanitic; a slight swelling in the right iliac region, which was crepitant to the feel, and like air in the subcutaneous cellular tissue. Twelve leeches were applied, followed by hot bran poultices. A dose of castor oil in the morning. Beef-tea discontinued; gruel substituted.

24. Countenance more cheerful; skin cooler; pulse 92, and softer; abdomen less tender; she had some sleep during the night. Continue the poultices.

25. Pain and tenderness increased; pulse 120; she was lying on her back with her thighs flexed on the abdomen. Eight leeches were applied, followed by bran poultices. Three grains of calomel and a quarter of a grain of opium were given every four hours. In three days the mouth became affected with the mercury; the abdomen became less tender; she could lie without pain on either side; pulse still 120; bowels regular.

From this date to the 2nd of January she continued much the same, having nourishment and a pill of soap and opium at night. There had been a fetid smell, but no discharge from the vagina until to-day. There is now a discharge of fetid matter. An injection of chloride of lime was ordered to be applied frequently. On the 3rd a mortified substance, about three inches in length, protruded, with a spongy feel; slight traction was applied, but it was not moveable.

6. A substance, about a foot and a half in length, came away to-day. After this she felt more easy, but the urine passed by the vagina. The chloride of lime injection was continued for three or four days, until it produced a little pain and a purulent discharge appeared. From this time she went on gradually improving, several small sloughy portions coming away for a day or two, with occasionally a little purulent discharge. The pulse remained weak for some time; bowels regular, and the fæces passed by the natural passage. The woman recovered her strength, and looked fatter and better after a few weeks than Mr. Darvill had ever before seen her. He then made an examination, and found the vagina about two or three inches in length, ending in a *cul de sac*, without anything like uterus to be felt. The vesico-vaginal partition has disappeared, and he could pass three fingers into the bladder. So large was the aperture that the bladder partly everted itself, showing its mucous membrane.

*** In some conversation which followed the reading of this case, Mr. Crisp stated that after the removal of the placenta he was quite sure that the uterus was quite empty; the uterus felt quite cold and dead. The portion of uterus which had sloughed away was exhibited to the society on the evening that the paper was read. It was of a very irregular shape, about a foot and a half in length, and six or seven inches in breadth. At one part was a distinct fibrous tumour. The preparation had been seen by Dr. Sharpey and Messrs. Quain and Partridge, all of whom concurred in thinking that it was unquestionably the uterine structure. Had the ergot of rye any influence in producing this remarkable condition of the uterus, and its subsequent separation? It occasionally acts by producing local gangrene. Yet would not any such effect from this agent be preceded by its peculiar power of producing contraction of the uterus?

## DISEASES OF THE SPLEEN. THEORY OF INFLAMMATION.

*To the Editor.*—Sir: In my paper on the spleen, published in THE LANCET of October last, I stated that diseases of the spleen exist in this country to a considerable extent; and I now beg to forward this brief abstract of their nature, such diseases being either functional or organic.

*Functional.*—These are excess or deficiency of the splenic product, leading to excess or deficiency in the secretion of bile. The ancients considered the spleen to be the seat of the *atra bilis*, and it is true, that excessive grief, with pain in the spleen, is often accompanied with unusually dark bile. A deficiency of product gives rise to malarial or splenic dyspepsia, a very common disorder in the low parts of Essex, and requiring for its cure large doses of quinine.

*Organic.*—The spleen is the subject of a variety of organic diseases: there is atrophy, hypertrophy, solidification, softening, spurious melanosis, the orbicular, and the triangular spleens; all which abnormal conditions I have *seen* in after-death examinations in man and animals. The subject, however, is so new in pathology, that I have not been able as yet to form any intellectual analysis of the phenomena offered by these diseases before and after death, but must content myself with calling attention to the facts of their existence.

I here wish to remark, that since the proposal of the splenic operation in October last I have not been idle, but have extended my experiments to the monkey and other animals; and, reasoning from analogy of effect in *liver consumption*, this operation would save two out of three in *lung consumption*, or (the deaths from this latter disease being sixty thousand) forty thousand annually in Great Britain alone; in which event it is hardly necessary to observe that it would be the most important operation ever introduced into surgery.

By way of variety, although immediately arising out of my theory of the nutrient circulation, I beg to offer the following theory of inflammation and the inflammatory crust:—

Inflammation consists in this, namely, that the fibrine, &c., which should pass from the *arterial* into the *lymphatic* system, passes into the *venous*, thus constituting the inflammatory crust.

Notwithstanding, Sir, that some tons weight of paper have been expended on inquiries on inflammation, from Galen downwards, I apprehend that its true nature lies in the above few words, as seems at once *demonstrated* by the obstructed condition of the lymphatics of an inflamed organ. I have no time at present to enlarge upon this "law" of inflammation, so important through all pathology, and which explains, amongst many other hitherto occult phenomena, the interesting fact of the fibrous crust in pregnancy. I am, Sir, your most obedient servant, FRANCIS EAGLE.

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GALVANISM IN DISEASES OF THE EYE.—Several experiments have been made in Germany to ascertain the efficacy of galvanic action in cataract and other structural diseases of this delicate organ. Dr. Neumann has recently published some observations on its *modus operandi* in particular cases, and especially recommends its adoption in cases where the cataract is found adherent to the iris, and in opacities of the cornea. Two pairs of discs, of about two inches in diameter, are represented as being the strongest and best for use, consistently with the necessity for avoiding inflammation by too strong a shock for the organism to bear.—*Casper's Wochenschrift.*

## SPERMATOZOA
### OBSERVED A SECOND TIME WITHIN THE OVUM.

WE have this week received the following communication from Dr. Martin Barry, M.D., F.R.SS.L. and E.:—

Several months since I communicated to the Royal Society the fact that I had observed, and shown to Professor Owen and others, spermatozoa *within* the mammiferous ovum. The ova were those of the rabbit, taken, twenty-four hours *post-coitum*, from the Fallopian tube.*

I have this day confirmed the observation; several ova from the Fallopian tube of another of these animals, in a somewhat earlier stage, having presented spermatozoa in their interior, *i. e.* (as in the first observation), within the thick transparent membrane ("*zona pellucida*") brought with the ovum from the ovary.

London, 31. iii mo. (March) 1843.

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## WHAT CONSTITUTES RAPE.

*To the Editor.*—Sir: In THE LANCET of the 25th ult. (page 933), a correspondent seeks to know how the law now stands as to what constitutes rape, which I may, perhaps, be allowed briefly to answer. Rape is the carnal knowledge of a woman by force against her will. Formerly much doubt existed as to whether carnal knowledge did not comprehend emission, but by the 9 Geo. IV., c. 31, s. 18, this point is so far settled by enacting that the carnal knowledge shall be deemed complete upon proof of penetration only. The question, therefore, which now arises is, what is penetration? and it seems that the law admits the slightest penetration, although the hymen be not ruptured, as constituting the offence. Your correspondent will find cases decided in accordance with this view by referring to 1 East's P. C. 438; 1 Mood. Cr. C. 337 and 342; 1 Russ. C. L. 803; and 4 Car and P. 249. There, however, is one case on record where Baron Gurney held that the penetration was not sufficient, the hymen being unruptured (see 5 Car. and P. 321), I presume to keep up the old charter of the glorious uncertainty of the law.

Your correspondent seems in difficulty owing to having found the hymen perfect. He very properly states that cases of labour have been found progressing, the hymen being unruptured, and cases of this kind will be found mentioned in Davis's "Obstet. Med.," vol. ii., p. 104; also LANCET, No. 915, &c. It can hardly be said that impregnation can take place without some degree of penetration, and the same amount of

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* See proceedings of the Royal Society, Dec. 8, 1842.

penetration may take place in rape as took place in the cases referred to, leaving the hymen unruptured. Gavard found the hymen perfect in a prostitute who had syphilis. Yours, &c.

T. H. Cooper.

April 3, 1843.

## SPIRITUOUS LIQUORS.—THEIR PHYSIOLOGICAL EFFECTS.

*To the Editor of* The Lancet.

Sir,—The objection urged by your correspondent at page 17 in last week's Lancet, against Liebig's views relating to the combustion of the elements of alcohol in the human body, was not introduced in my "commentary" on that subject, for the following reasons:—

1. The proportion of carbonic-acid gas in expired air is no measure of the quantity of that gas eliminated from the lungs in a given time. It can become so, only under circumstances in other respects precisely similar. Thus, the number of expirations and the quantity of air respired in the cases to be compared, must be exactly equal. Dr. Prout, referring to an increased proportion, observes, "A greater quantity will, indeed, be thrown off, *cæteris paribus*, on an equal number of similar respirations being made in the same given time. But whether this be really the case or not, I cannot pretend to determine." That excellent chemist and philosopher takes especial care, in the papers quoted from, to guard against misapprehension under this head.

2. The quantity of heat given out during the combustion of alcohol is not due to its carbon alone, but to its hydrogen also, in nearly an equal degree. This consideration applies to the actual amount of carbonic-acid gas which ought to result from the use of alcoholic fluids.

3. Although the actual amount of carbonic-acid gas exhaled from the lungs in a given time were determined, this would not be a measure of the whole quantity exhaled from the body during the same period, nor of the carbon consumed in the system; since the skin, and even the kidneys, perform a function vicarious to the lungs, as respects the elimination of that gas, either in its simple state or in some form of combination.

4. Admitting that during the manifestation of the physiological effects of alcohol a diminished amount of carbonic-acid gas may be thrown off by the lungs, which is rendered very probable by the results of Dr. Prout's and Dr. Fyfe's experiments, we have the nature and the variability of those effects to account for the circumstance. The present state of physiological knowledge as respects the origin of the carbonic-acid gas exhaled in respiration, will not admit of the train of reasoning adopted in Dr. Prout's papers; but there can be no doubt that the elements of alcohol received into the blood either in the original or in some new form of combination, act both before and during their combustion, not only upon the heart and nervous centres, but also upon the pulmonary and systemic capillaries; and in the absence of chemical demonstration it is in these effects that an answer must be sought for to the question, When and where are the products of the combustion of alcohol eliminated from the living system? Liebig has not pretended to follow the subject in its manifold physiological details.

5. But a general law of diminution either of the proportionate or of the absolute quantity of carbonic-acid gas expired under the influence of alcoholic fluids, has by no means been established. Dr. Prout's experiments were performed almost exclusively upon himself, and the author states that he does not consider his own, nor those performed by Dr. Fyfe, to be "conclusive in any one point." In 1839 Mr. Cauthope published in the "Philosophical Magazine" a new and extensive series upon the same subject which have been generally approved of by physiologists. The results corroborate those obtained by Dr. Prout as respects the great variability of the proportion of carbonic acid in the air expired at different periods during the twenty-four hours, but they are opposed to them in several important particulars, and although the latter experiments do not apply especially to the effects of alcoholic fluids, we may conclude respecting the whole, with Professor Thomson, of Glasgow, that they "show the necessity of repeating them upon many individuals before any general conclusions can be drawn."

To avoid becoming diffuse, these considerations induced me to suppress what in the first instance had the appearance of being opposed to Professor Liebig's views; for no greater injustice can be done to an author than to advance specious objections, omitting at the same time the facts and arguments which explain those objections away. I am, Sir, your obedient servant,

Henry Ancell.

April, 1843.

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Eggs.—I beg to assure "Gallus" that I know an eccentric colonel in the East Riding of Yorkshire who, being remarkably partial to boiled eggs, whenever he travels always carries his own eggs with him, and for this reason, namely, that they are all unimpregnated, he keeping a certain number of fowls confined in such a way that no male bird can come near them. Farmers' wives can distinguish the impregnated from the unimpregnated eggs before they place them under the hen for the purposes of incubation. Rusticus.

THE LANCET.

*London, Saturday, April* 8, 1843.

THE present tendency of medical science, in the three great departments of physiology, pathology, and therapeutics, is evidently towards a more extended recognition of the importance of the fluids of the animal body, whether considered as instrumental in the maintenance of the healthy functions, as occasioning those deviations from them which constitute disease, or as a medium through which therapeutic agents are applied to the various textures and organs which may be the seat of morbid action.

From this tendency of medical theory, conjoined with the rapid progress of organic chemistry, and the other branches of physical science cognate to medicine, the most splendid practical results may be confidently anticipated. Meanwhile, we may derive from the approaching revival of the humoral doctrines, the illustration of some very valuable precepts, applicable to our art in every era and every stage of its progress.

And, *first*, we may learn, from that revival, the advantage of keeping up an acquaintance with the labours of our predecessors, and not losing sight of the old literature of our profession. There is a strong inclination in the mind of man, on the acquisition of new and important information, to despise and cast into the back ground knowledge already acquired, and opinions previously entertained. But this disposition is hostile alike to the accumulation of knowledge and the attainment of truth. If, in the admiration of new facts, those which have already been discovered are consigned to oblivion, knowledge is merely changed instead of being augmented; and if confidence in prevailing opinions leads us to the entire neglect of those which were formerly entertained, we are not only deprived of the benefit of opinions, some of which possibly approach the truth as nearly as our own, although by a different route, but we also lose the practical wisdom that is to be derived from contemplating the infinitely various aspects and modes of activity of the human mind, toiling upwards, through ages, in pursuit of objects like those for the attainment of which we ourselves are striving. It is, we are aware, a prevalent belief that all that is worth knowing of the facts observed, or the opinions held, by old writers on medicine is involved in the science of the present day, and that, consequently, the perusal of those writers would merely involve an unnecessary expenditure of time and trouble. But this is a most mistaken notion, and can only be entertained by those who are entirely unacquainted with the medical literature of times gone by. In truth, not a few of the opinions that are supposed to be quite of recent origin, and even of the facts in practical medicine which are regarded as improvements belonging to the present day, are to be found in old medical authors. Surely, then, there is more loss of time concerned in discovering what has already been found out than in searching among the stores of knowledge which already exist.

During the lapse of thirteen centuries, the powerful genius and immense learning of GALEN overawed and fascinated the minds of men, and the humoral doctrines of the Greek school held undisputed possession of the field of medicine. Even when the Galenical doctrines had, in a great measure, faded before those of the chemical school, a humoral pathology, which tallied equally well with the views of GALEN or of PARACELSUS, continued to prevail extensively until towards the commencement of the eighteenth century. At that period the advanced state of anatomy,—and of physiology, as directly dependent on anatomy,—began to exert an increased influence on the theories of medicine. The properties of the living solids commenced attracting attention, and the successive writings of STAHL, HOFFMANN, BOERHAAVE, and others, prepared the way for a remarkable revolution in medical

science. Haller's discovery of the irritability of the living fibre tended still further to bring the solids into importance, and the justly celebrated writings of Cullen may be said to have given the final blow to the old humoral pathology.

There can be no doubt that the substitution of a system of medicine founded on the properties of the living solid, conferred, at the time of which we speak, infinite benefit on the practice of the art; but here we see exemplified the bad effects of a large hiatus in the literature of a science. In a few years the humoral doctrines were generally exploded, and comparatively few practitioners of the present age have thought it worth their while to refer to the writings of medical authors whose speculations were founded on the state of the fluids. It is particularly to be regretted that the humoral doctrines faded away at the precise period when *chemistry* was beginning to assume the form of a science; and that thus the studies of medicine and of chemistry—so eminently calculated to aid and illustrate each other—were divorced at the very moment when their stricter union would have produced the happiest results. Now, we contend that this would not have happened had the old literature of medicine been properly maintained. The striking facts and ingenious speculations of the old writers, placed in apposition with the truths of modern chemistry, would have convinced the medical world that *humoralism* was not false, but that it had been cultivated in a false, because in an hypothetical spirit; and a foundation would have been immediately laid for the science of *organic chemistry*, and its profitable application to medicine.

Secondly. It is scarcely needful to remark that the explosion and revival of the humoral doctrines afford striking examples of the folly of running into extremes; we may, however, profitably educe from them a warning not again to fall into the same error on the same subject. This warning, we conceive, is by no means unnecessary, for it is extremely probable that the reaction arising from the recal of the humoral doctrines, may carry us again into an injurious extreme of humoralism. There is one subject to which we would particularly direct attention, because some pathologists have already taken an ultra-humoral view of it.

There are certain diseases which, though developed in some particular part, or parts, of the body, are evidently connected with a constitutional taint, such as cancer, scrofula, gout. Now some pathologists are inclined to regard these maladies as being dependent exclusively on the state of the blood. But that consequence is impossible. Take the example of scrofula. It is here certain that a morbid state of the blood exists, on which the strumous diathesis immediately depends. But that morbid state of the blood is not the only condition which is necessary to the local development of the disease. Were it so, scrofulous disease would appear simultaneously in every part the structure of which admitted of the deposition of tuberculous matter. But the fact is otherwise. Scrofulous disease is often confined to a single part, and never attacks simultaneously every part that is susceptible of the strumous action. In addition, therefore, to the *materies morbi* which is resident in the blood, we must admit the existence of some disordered action in the tissues of the part itself, whereby a general morbific cause is brought into local operation. This example may be usefully contrasted with one in which a general cause of disease, resident in the blood, comes into universal operation in consequence of the susceptibility of every part to its action. Take the instance of typhus. If a morbid state of the blood be not the primary cause of that disease, it is at least perfectly evident that such a state constitutes one of its most prominent features. Now, the blood affords the means of nutrition, and the stimulus of vital action, to every organ and texture, without exception, and, accordingly, in the progress of typhus not a single organ or texture escapes the influence of the morbid cause. Every secretion is disordered, and every function is deranged.

Admitting the existence of a local cause,

co-operating with the general one, wherever constitutional disease is topically developed, it becomes an important inquiry, To what particular tissue, involved in the structure of the part, is the disordered action owing? Probably not to the blood-vessels, in the first instance, because the more we learn of those vessels the more reason we find to regard them principally as canals; but more probably to the nerves, the analogy of whose action to that of galvanism induces the supposition that they must be most powerful and active agents in the processes of vital chemistry, whether healthy or morbid. This inquiry, however, is not strictly germane to our present subject, and affords, moreover, too few certain data to be advantageously pursued without further experiment. All we here wish to impress upon our readers is, that the state of the fluids can never be the sole cause of any local disease, however constitutional in its origin, and that to strain the humoral pathology too far would be productive of as bad effects as to leave it in the oblivion in which it has so long slumbered.

It is easy to perceive that a sober and rational cultivation of the pathology of the solids and fluids, with a due observation of the phenomena that may be strictly vital, and those that are presented by the processes of organic chemistry, will lead to at least one very broad distinction of therapeutic agents, and to some important points of inquiry as to the proper mode of applying them. While the morbid actions of the living solids will very probably remain chiefly amenable to our present methods of treatment, or others of the like nature, the morbid conditions of the fluids will naturally turn our attention to chemical remedies, to specifics, and to antidotes. Again; the channel through which a medicine is introduced into the system is even now known not to be a matter of indifference; and if we should ever become possessed of a distinct order of chemical remedies, acting immediately upon the blood, it will be of no little consequence to find means of conveying them as little changed as possible into the current of the circulation. Thus, it may readily be conceived that a substance injected into a vein, or taken into the system from the surface of a wound, might act very differently on the blood from what it would do if introduced through the stomach.

In fine, a philosophical and restricted revival of the humoral pathology, will give rise to many new questions in medical theory and practice, and there is good ground of hope that it will, in due time, lead to the solution not only of those questions but of others to which medical science, in its existing state, affords no satisfactory answer.

## MEDICAL REFORM.

On Friday, the 24th March, 1843, the general practitioners of the county of Surrey, assembled at Epsom, to consider what steps should be taken relative to any measures that might be contemplated in Parliament for altering the laws relating to the medical profession in this country. There were present, practitioners of Epsom, Ewell, Chertsey, Weybridge, Guildford, Godalming, Dorking, Leatherhead, Reigate, Croydon, and Carshalton; Mr. Martin, of Reigate, in the chair, and it was resolved unanimously,—That it is advisable, without delay, to petition Parliament on the subject, and that a petition to the House of Commons be adopted, which contained an expression of the belief of the practitioners that "no re-"form could be effectual, or permanent, "unless, while it provided for the qualifica-"tions, efficiency, and respectability of the "profession, it also were adapted to the wants "of the public, as demonstrated by the uni-"versal practice of appealing in all ordinary "cases to the skill and care of the general "practitioner." The petitioners also agreed to represent to the House their opinion that a legislative "re-organisation of the profes-"was of indispensable necessity, from seve-"ral causes; and, among others, from the "various and incongruous modes by which "medical practitioners procure admission "into the profession; there being no less "than sixteen different sources from which "certificates of qualification might be ob-"tained." The petitioners, therefore, prayed that "the House would cause inquiry to be

"made into the present state of the medical "profession, especially with reference to the "general practitioners, delaying any legis- "lative measure which might lead to the "granting of new charters to the Colleges "of Physicians and Surgeons, until the "whole subject of medical regulation and "reform had been thoroughly investigated "by a committee of the House, and had un- "dergone adequate discussion in Parlia- "ment." The members for the county were requested to present and support the petition to the House of Commons, and one was agreed to be framed to be presented by the Duke of RICHMOND to the House of Lords, after which it was resolved unanimously,— "That a committee be appointed to observe "the proceedings of Parliament, and the "Government, on the subject of medical "legislation; to consist of nine practitioners, "with power to add to their number, and to "call other general meetings," and that "members of the medical profession be re- "commended to call the attention of members "of both Houses of Parliament to the sub- "ject." At the same time the best thanks of the meeting were voted to Sir JAMES CLARK for his recent tracts "On the Education of Medical Men, and on Medical Polity," which the meeting recommended to the careful perusal of every medical man in the kingdom. Mr. ALBERT NAPPER, of Guildford, acted as secretary to the meeting.

We might briefly indicate an error or two in the proceedings of this meeting, with advantage, perhaps, to other similar assemblies. First of all, let us remark that at such meetings it would be far better to recommend to Parliament specific measures, or principles, for its adoption, in future legislation with regard to medical affairs, not leaving honourable M.P.'s, who know next to nothing on the subject, either to flounder about in a sea of ignorance when proceeding to debate or vote upon it, or else to go for advice to the jobbers and monopolists. What advice should be given to their representatives in Parliament we have already fully and firmly indicated in this Journal over and over again. All petitions on the subject should contain prayers for the institution of ONE FACULTY, and the principle of REPRESENTATION IN MEDICAL GOVERNMENT. Secondly, it is useless to ask for the institution of fresh "inquiry into the present state of the medical profession." Are the committee of Mr. WARBURTON, and the mass of evidence that was then collected, already forgotten? The printing of that evidence was never completed, although the most valuable portions of it were given at the close of the inquiry. It would be sufficient to pray for its entire publication, if more evidence be wanted to show what ought to be farther done in Parliament. Finally, the profession must not look to the House of Commons as affording the means of impediment to the granting of new charters. Those documents are distributed at the instigation of the Government, and the will of the SOVEREIGN, without reference to, or consultation with, the Legislature,—an atrocious custom, against which, however, hitherto, the powers of Parliament have never offered a shield. The profession ought by this time to know what should be done. The duty rests with them. They must be stirring. Let them take care that it is in the right course, and energetically.

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## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

*Tuesday, March 28th, 1843.*

EDWARD STANLEY, Esq., F.R.S., President.

*Remarkably similar Cases of Osteo-Sarcoma of the Thigh-Bone, requiring Amputation in both Instances.* By R. A. FROGLEY, Esq., of Hounslow. (Communicated by SAMUEL LANE, Esq.)

THE first case was that of a female, aged twenty-six, who had a tumour of the thigh, which measured in its greatest diameter thirty-five inches and a half, and reached from within an inch of the trochanter to the knee-joint. It began in the summer of 1829, with a pain in the inner condyle of the femur, and in May of the following year a tumour had formed, of the size of the half-closed hand. It continued gradually to enlarge, without pain or discolouration of the skin, or materially impeding the motions of the limb, till March 1834, when the limb was amputated. Owing to the close proximity of the upper part of the tumour to Poupart's ligament it was anticipated that it might be necessary to disarticulate the bone at the hip-joint, but in the course of the operation, when the two lateral flaps had been made, the femur was found in a healthy condition below the trochanter; and it was sawn through at this point. Mr. Lane, who assisted, commanded the blood-vessels by pressure with his fingers on the external iliac artery, so that scarcely any arterial hæmorrhage took place; what little occurred was immediately arrested by another assistant grasping the flap, until as many as ten ligatures were applied. After the ope-

ration the patient caused much alarm by falling into a faint, in which she gasped as *in articulo mortis*, but she was soon restored from this condition. The stump healed favourably, and there has been no return of the morbid growth. A longitudinal section having been made of the thigh-bone and tumour, it was seen to consist chiefly of a whitish, elastic, hard tissue, resembling cartilage, but rather more transparent. There was very little deposit of osseous structure in it, and the tumour appeared more connected with the periosteum than with the bone itself, which could readily be distinguished in the morbid mass, from preserving its sound condition. Numerous cysts, communicating with each other, and with a large central cavity, were developed in the tumour, and these contained several pints of a yellow, tenacious, honey-like fluid.

The second case was that of a married lady, aged thirty-seven, who had also a tumour of the thigh. The swelling was first observed eleven years ago, as a hard lump, about the size of half a walnut, situated on the inner condyle of the femur. When seen by Mr. Frogley, five or six years after its commencement, it had not increased perceptibly in size, but in five years more it had acquired considerable magnitude, and had extended up the thigh.

Finding that it made more rapid progress, so that it measured at its largest part twenty inches and a half in circumference, while the thickness of the limb below was only twelve inches, she consented to undergo amputation, which was performed in August, 1842, and the stump healed by the first intention. Upon making a section of the thigh-bone and tumour, it was remarked that the morbid growth, although smaller than that in the preceding case, presented the identical appearances, both in position and structure, which have been described in that case.

Mr. Lane said, that as the characters of the tumours in these two cases, the symptoms they produced, and the treatment pursued, had not called forth any remark, he wished to draw the attention of the society to a point which appeared to him to possess some surgical interest; he alluded to the plan adopted in the first case to arrest the hæmorrhage during the performance of the operation, and upon which he should be glad of the benefit of the president's experience, and that of other members present, who had been extensively engaged in operative surgery. In amputation at the hip-joint, or very high up on the thigh, two methods had been adopted by surgeons to control the flow of blood—the ligature applied to the femoral artery previous to the commencement of the operation, or pressure on the artery as it emerged from under Poupart's ligament; but in the case under consideration it would be observed that the external iliac artery was compressed, a proceeding, as far as he knew, not admitted by the profession to be practicable. The plan adopted to effect this object was to grasp the crest of the ilium with the fingers, while the thumb was placed internal to the linea semilunaris; the other hand was then made use of to press the thumb so placed backwards and outwards, by which means the external iliac artery was effectually compressed against the inner edge of the psoas muscle; in proof of which he might mention that before commencing the operation Mr. Frogley convinced himself, by feeling the femoral artery and the arteries of the foot, that he (Mr. L.) had complete command of the flow of blood through these vessels, and that during the operation not more than the ordinary quantity of blood was lost. But a circumstance which ensued immediately on the removal of the limb, namely, a most alarming state of faintness, and which very nearly proved fatal, had led him to the conclusion that in amputations at the hip-joint, or wherever a very large bulk of the living structures was suddenly removed, it would be preferable to ligature the main artery of the limb, and even to have recourse to some manipulation in the direction of the principal veins, or the application of a bandage from the foot upwards, for the purpose of returning as much blood as possible into the system from the limb about to be removed; for he could not help thinking that the alarming state of syncope in this instance, and in another case, which would be in the recollection of most of the members of the society, occurring in the practice of Mr. Key, at Guy's Hospital, where that gentleman removed an enormous scrotal tumour from an unfortunate Chinaman, of the name of Hoo Loo, and where all efforts made to recover him from the faintness which succeeded the operation proved ineffectual,—depended upon the sudden abstraction of so large a proportion of the blood usually returned to the right auricle of the heart. In the case before the society the limb, when removed, weighed as much as four stones six ounces, the weight of the entire body being only twelve stones and a half. He conceived, then, that the right auricle, immediately on the removal of the limb, received one-third less blood than it had been in the habit of receiving previously, and that the embarrassment of the heart produced from this cause sufficiently accounted for the alarming faintness which occurred. There was another circumstance which he would take the liberty of alluding to; it might possess interest with some members. He referred to the coincidence of the tumours in the two cases related having the exact same locality. Dr. William Budd, in his interesting and ingenious paper on the Symmetry of Diseases, published in the last number of the "Transactions" of the society, mentioned numerous forms of morbid affec-

tions situated on corresponding parts of the opposite limbs in the same individual, and on corresponding parts of the upper and lower halves of the body, and attributed these occurrences to the identity of structure occupying these positions. The cases before the society seemed to indicate that his views might be carried still further, inasmuch as they offered an example of similar disease affecting corresponding positions in different individuals.

Dr. JOHNSON, Mr. PARTRIDGE, and other speakers, thought that Mr. Lane had not correctly explained the cause of the faintness produced in one of the cases detailed, and that as the veins in the limb were not enlarged there would not be more blood cut off from the system than if the limb had been of the ordinary size.

Mr. STANLEY said that he should prefer, in cases where it was necessary to amputate very high up, to compress the artery under Poupart's ligament, at which point it could be readily pressed against the pubis. He had often applied compression at this spot. He conceived that pressure of the external iliac would be exceedingly difficult, if not impossible, in some cases.

Mr. ALCOCK observed that although Mr. Lane's statement established the fact that in some cases compression could be effectually made upon the external iliac artery, yet he (Mr. A.) conceived it would be a dangerous error to suppose that surgeons might, as a general rule, rely upon this means of preventing hæmorrhage whenever amputation was deemed desirable near to the trochanter minor, or at the hip-joint. The practicability of maintaining for a few minutes efficient compression of the external iliac, must obviously depend upon the degree of thickness, elasticity, and rigidity of the intervening parts. In a thin and emaciated subject, with lax fibre, it might be easy; while in other circumstances he was satisfied, from his own experience, it would be wholly impossible. One other consideration it was important to bear in mind, viz., that if, in an operation near to the hip, the knife were rapidly carried through the vessels to the bone, under the supposition that the circulation was under control, and the compression proved insufficient, more blood would be lost before the fingers of the operator or his assistant could reach the bleeding orifices, than would be safe in the majority of cases.

Mr. LANE said that he had employed pressure on the external iliac in preference to the femoral, to be as far as possible out of the way of the operator. Notwithstanding the difficulty which it was considered would generally attend compression of the external iliac artery, in the case in which he (Mr. Lane) had employed it there was considerable development both of the muscular and adipose tissue.

*Remarks on Gangrene of the Face, and its Treatment.* By HENRY OBRÉ, Esq.

The author, in the paper containing these remarks, commences with some observations on the condition of the system in children in which the disease is most liable to occur, dwelling on the ravages it produces, and its usually intractable nature. He then gives the result of his treatment of the complaint by applying the actual cautery to the sloughing surfaces, as recommended by some continental writers, and describes the success which he has met with. He relates two cases where he adopted the plan. In the first the gangrene came on after typhus fever, and it proceeded rapidly to destroy a large extent of the cheek. Having tried various other applications unsuccessfully he had recourse to the actual cautery, and immediate amendment followed, so that the edges soon healed. In the other case the disease was so extensive, and the child so much debilitated, that the author did not succeed in saving the patient's life, but manifest advantage was gained by the use of the cautery, so as to convince him of its beneficial influence in the treatment of the disease.

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*Remarks on Cancrum Oris and Phagedena of the Cheek, and on the Effect of the Chlorate of Potash on those Diseases.* By HENRY HUNT, M.D.

The author describes these diseases as being identical, varying only in the degree of severity, both commencing by ulceration of the mucous membrane of the cheek, or where it joins the gums, and that the external eschar is the consequence of the internal ulceration. He considers them to proceed from a cachectic state of the system,—that they occur more commonly in cold and wet weather, sometimes attacking several members of the same family simultaneously, and occasionally prevailing almost like an epidemic. The author has treated it very successfully, by a free exhibition of the chlorate of potash, the beneficial influence of that salt being generally apparent within forty-eight hours of its being given; that it seldom fails to arrest the progress and to effect a cure if administered prior to the patient's being very much exhausted. The quantity of the salt he has been in the habit of prescribing varies from one scruple to two scruples in twelve hours, according to the age of the child. Two cases are related in corroboration of the foregoing statement.

Dr. MARSHALL HALL said that he could not charge his memory with what he had said in a paper written more than twenty years ago, but that his present opinion was that the gangrena oris originated in the textures within the mouth, just as a similar affection in female children originated in the submucous tissue of the pudenda. The disease was induced by the state of cachexia

left by various diseases, and occurred chiefly in the ill-fed children of the poor, who lived in crowded alleys, from want of cleanliness and a free ventilation. Its diagnosis had been well pointed out by the author of the first of the two interesting papers which had been read to the society, and he was happy to think that some promising remedies had been suggested for this most formidable affection. But, Dr. Hall observed, he should not have risen to address the society had he not particularly wished to draw its attention to another view of the subject, and that a medico-legal one. It had been erroneously supposed that the gangrena oris originated from the influence of mercury, and the character of the medical practitioner had been made the subject of attack by the ignorant and malignant, as having induced the disease by the remedies he had employed for the previous ailment. Recently a case of this kind had occurred at Brentford; the verdict was, that the death was produced by a natural cause, but it was accompanied by an observation of the coroner, that it remained doubtful whether the disease was occasioned by mercury. A similar case occurred shortly afterwards in an alley not very remote from Dr. Hall's residence; and a similar uproar was raised, and a similar charge made against the medical practitioner; and but for his (Dr. Hall's) evidence a verdict of no pleasant kind might, and probably would, have been brought in. It should be universally known that the gangrena oris is induced by causes similar to those which induce gangrene elsewhere, as in the pudenda of infants; that it is not the effect of mercury; that it is not *like* an effect of mercury, for whilst this is *diffused* over the mouth, the gangrena oris is, in its origin, *circumscribed*. The odour had been erroneously described, by the author of the first paper, as resembling the odour observed in ptyalism. This is not correct; the odour is that of gangrene, or of putrefaction, and very different from that observed in salivation. Before he sat down he would take the liberty of adding a remark on another occurrence, in regard to which medical character was equally liable to suffer injuriously and unjustly by the remarks of persons of a vindictive and malignant disposition. If mercury were ever given, if ptyalism were ever induced, every decay of the teeth was referred by these hasty and prejudiced judges to this effect of this invaluable remedy. Now, it is well known that disorder of the general health is the frequent, the constant, cause of decay of the teeth; but it is not known that mercury induces such decay. Mercury loosens the teeth, but it does not induce the circumscribed gangrene or decay of the teeth; far less does it induce that special general decay of the teeth generally observed in, and induced by, disorder of the general health in female youth. The teeth, when lost, as an effect of mercury, fall out entire. This view was important, for the prejudices of the ignorant may at once deprive us of an important remedy; or, if we have had the boldness to employ it, it may deprive us very wrongfully of character.

Dr. JOHNSON quite agreed with Dr. Hall in his last remark. Mercury saved more teeth than it destroyed. He himself had been salivated eight or ten times, and had still every tooth he had when twenty. He had seen mercury given extensively, both in this country and in India, and had never seen it induce the decay of the teeth so apt to be ascribed to it. Dentists were too fond of attributing decay of the teeth to mercury.

Dr. CURSHAM had frequently seen this disease, but always as the sequel of measles. One French author had said it was always the accompaniment of pneumonia in the cases he had seen. He could bear out the opinion of Mr. Obré that it always commenced in the mucous membrane of the mouth.

The PRESIDENT had seen this disease occasionally in hospital practice, but patients were generally brought in in such an exhausted state that little or no treatment was adopted. After hearing the above papers read, there was no doubt that this disease had a spontaneous origin, and one over which the surgeon could have but little or no control; but there was certainly a disease very similar produced by over-doses of calomel. A lamentable case of this he had seen in the child of a medical man attacked with pneumonia; the father administered only six grains of calomel, for four days, when the front teeth of the lower jaw fell out, sloughing supervened, and the unfortunate child died, a most frightful object, from mortification of the lower part of the face.

Dr. WEBSTER observed that no one ought in future to feel much doubt regarding the treatment that was proper to be pursued in cases of the frightful-looking and often fatal disease which was so well delineated in the casts now on the table of the society. Practitioners, after what had been stated, had only to adopt or to combine the recommendations of both authors on this subject, particularly as they each spoke from extensive experience; that is to say, in such diseases, to give chlorate of potassa internally, as Dr. Hunt recommends, at the same time that he applied the actual cautery to the diseased parts, which Mr. Obré had found to be so useful. He (Dr. W.) thought many of the fellows would, like himself, feel gratified with the reading of both the present communications, as they undoubtedly contained some practical suggestions founded on observation and personal experience.

Dr. ALDIS related a case of cancrum oris which terminated fatally.

## NOTE.

*To the Editor of* THE LANCET.

SIR,—Will you do me the favour to insert in your Journal the following copy of a note which I have addressed to the editor of the "Medical Times?" I am, Sir, your obedient servant,

MARSHALL HALL.

"Sir,—I have been induced, partly on account of my health, and partly for the sake of quiet, to refrain from perusing the abuse which I understand you have lavished upon me in your journal, and in a communication to THE LANCET and the "Medical Gazette," and I have accordingly *not read one word of it;* nor do I, with the exception about to be noticed, know, in the least, in what it consists.

"The circumstance to which I allude, and upon which, as I am informed by a friend, you have animadverted, is that of my very brief connection with a certain assurance company. I was applied to by a most respectable medical gentleman, a very near neighbour of mine, to accept the office of physician to that company, and, seeing the name of my highly respected patient, the late Sir Coutts Trotter, Bart. (Messrs. Coutts and Co.), as its banker, I did not hesitate one moment to do so. *Shortly afterwards* Sir Coutts Trotter called upon me, and asked me whether I knew any of the parties, or anything of the affairs of the said company. I replied that I did not, in the least, and that I had been induced entirely by seeing his name as their banker, to allow mine to appear as their physician. I observed that Sir Coutts Trotter immediately withdrew his name; whereupon I as immediately withdrew mine. I am, Sir, your obedient servant,

"MARSHALL HALL.

"14, Manchester-square,
April 3, 1843."

## LIVERPOOL MEDICAL SCHOOL.

*To the Editor.*—Sir: My letter in THE LANCET "belying" the proceedings at the Liverpool School of Medicine, has been replied to under the signature of "Lodge" (page 908), who, I think it necessary to say, states that the reply is the production of the professor of medicine, and that Mr. Lodge only wrote and signed it. Excepting the trifling error in the number of the medical and surgical classes, I did not make a single statement in my letter which had not been iterated and reiterated by every individual member of the school; and at the present time (excepting two, one of them a *very* new man) all the members, including even Mr. Lodge, express the same. In justice, however, to some of those lecturers who have the smallest number of pupils, I will say that they perform their duties with a diligence and talent that are deserving of the highest praise. With regard to the professor of anatomy, I most willingly acknowledge that, so far as lecturing is concerned, the compliment paid to him by his colleague, the professor of medicine, falls even short of his deserts; and if his duty extends no further, then to him there attaches not even the shadow of blame. That, however, I leave for his consideration. But I still maintain that, in every other respect, the anatomical department is *in the most inefficient state possible*, and communicates its lethargy to all who come in contact with it. It *must* be re-organised before another session passes. In my remarks as to dissection I was *not* in error, but literally and unequivocally correct. At the date of my last letter the third subject was not finished, nor the fourth begun. I could say much more on these matters, but nothing which it would not be painful to myself to express, and be the cause of pain to others; and as our object is solely the amendment of the school, this is probably the last you will hear from me until next session, by which time we shall see what steps have been taken towards a reform in the matter by those in authority. I shall merely observe, in conclusion, that although the venerable professor of medicine may think my views to be "too superficial," certainly his idea of attributing the non-delivery of clinical lectures at the infirmary to the death of Dr. Baird, is a *leetle* too deep. The world must not be allowed to suppose that the lamented death of that gentleman was an event of but yesterday I remain yours respectfully,

X. Y. Z.

Liverpool, March 28, 1843.

## THE EGHAM DISTRICT.

*To the Editor.*—Sir: Notwithstanding the general order issued by the poor-law commissioners last year, restricting the agricultural medical districts to 15,000 acres (sufficiently large in all conscience), the Windsor board of guardians has continued the regulations which have heretofore existed, to the grievous injury of the poor, and of the other resident members of the profession. By these arrangements the Egham district, containing *upwards of* 17,000 *acres*, and measuring, from one extremity to the other, about *nine miles* by (in some portions) about *five in breadth*, is confided to *one practitioner*, who has *also* the charge of the union workhouse, at present quite full. These proceedings are sanctioned by the poor-law commissioners, and as I know of no mode of obtaining redress, excepting by the force of public opinion, I shall feel obliged by your adverting to these facts in the House of Commons when the amended Poor-law Bill is under discussion, or by your noticing them in any

other way of which you may approve. The medical officer resides in this town, and his house is situated about eight miles from the extremity of Sunning-hill parish, forming part of the district. The resident practitioner complains, naturally enough, of the frequent applications made to him by the paupers for relief, because of the difficulty of obtaining prompt and efficient aid at so great a distance from their homes. I am, Sir, your faithful servant,

A. Z.

(Authenticated.—Ed. L.)

April 3, 1843.

## ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted members on Friday, March 31, 1843:—J. N. Watters, C. Irving, J. W. James, N. J. Highmore, J. Harrison, J. H. Stallard, F. H. Green, H. M. Cannon, J. M. Hudson, J. Paley, T. Smith, G. Taylor, G. P. Dale, G. W. Timms, J. T. W. Bacot.

## BOOKS RECEIVED.

Lectures on the Eruptive Fevers, delivered at St. Thomas's Hospital in January, 1843. By George Gregroy, M.D., Physician to the Small-pox and Vaccination Hospital, &c. London: H. Renshaw, 1843. 8vo, pp. 258.

A Register of Experiments, Anatomical, Physiological, and Pathological, performed on Living Animals; disclosing new views of the circulation of the blood in man and quadrupeds, with an exposition of some fallacies in the Harveian doctrine. By James Turner, Veterinary Surgeon. Part 2. London: Longman, 1843. Pp. 100.

## NEWS AND CORRESPONDENCE.

GUILDFORD UNION.—We cannot add anything with advantage to the statements of our correspondent respecting the Guildford Union, excepting it be the few following observations, contained in a letter which has been shown to us, with reference to the medical arrangements, written by a gentleman who appears to understand well their injustice, which will be comprehended exactly by our readers in that locality. He observes, "You will judge, by the *Sussex Express*, how far politics may have influenced the guardians as regards the *raising* of the salary of the medical gentleman who is to attend the workhouse (awarding to him the same advantages as in the other districts) and *decreasing* the salaries of the other medical officers, who may possibly derive some benefit under the poor-law commissioners' order of the 12th March, 1842. The advertisement of the guardians states that 'the gentleman who may be elected to the office of medical officer of the workhouse *must* reside within the borough of Guildford.' *Why* must he? There are many good residences placed contiguously, and if the medical practitioner chooses to reside in either of them (although nearer to the seat of his calling) his services are to be refused, because he does not live within the borough! Three parishes, and part of another parish, constitute the borough of Guildford, viz., St. Nicholas with Artington, St. Mary, Holy Trinity, and part of Stoke, the whole containing a population of 6811 persons, and they are allowed to send seven guardians to the board, the amount they are required to pay towards the established charges being 18*l.* 18*s.* 8*d.* to the 100*l.*, while Godalming, with a population of 4328, returns only three guardians, and pays 23*l* 18*s* 7*d.* The medical salaries are paid from this account."

Apothecaries in Ireland.—A case was tried at the recent spring assizes for Galway (the Governor and Company of Apothecaries' Hall, Dublin, *v.* R. R. Gray,) where the defendant, who is a member of the Dublin College of Surgeons, in connection with Dr. Veitch, opened an apothecary's shop for the sale of medicines. The ownership of the concern having been proved, and the profits of the concern proved to belong to Messrs. G. and V., the judge, Baron Richards, directed the jury to find for the plaintiffs, declaring that no person, no matter what his qualifications may be, had any right to open a shop for the sale of medicines until he had obtained his diploma from the Hall in Dublin, although, in this case, the parties even employed a licentiate apothecary to dispense for them.

We would find room for the letter of *A Reformer*, urging medical men to abandon the plan of charging for medicines instead of the art with which they are prescribed, but the subject has very frequently indeed been discussed in our columns, and is not treated in the present letter in any new or more attractive point of view. Attempts should be made to induce the medical practitioners in their respective districts to agree, in general meeting, to adopt the better plan. The affirmative resolutions passed on such occasions might then be most advantageously made public in our columns. Let us see what our correspondent can do as well as say.

*G. T.* (Liverpool) will find in the early lectures of Mr. Erasmus Wilson on diseases of the skin, the best account of the "premature decay" that has appeared in print.

*C.*—1. The justices of the peace in session assembled. 2. They are not open to public inspection, although, probably, any respectable rate-payer of the county who could show reason for complaint with regard to particular items, would be afforded the opportunity of verifying any reasonable allegation that he might make on the sub-

ject. 3. Examined a few days prior to the meetings of the magistrates (which occur at certain well-known intervals, varying in length from six weeks to nine or ten), and passed in public court, if considered to be correct, a few days afterwards. These are sometimes the customs, but the plan is probably not everywhere uniform.

*To the Editor.*—Sir: I wonder that one of your discrimination in medical matters, should term the late affair here the "Brummagem libel." Good Sir, there has been no libel to speak of. Our "dear Mr. W." is quite satisfied, and although some of us really deserve kicking, we must not be hard upon our friends. A true statement of the facts has not been sent to you. Such would *now* be out of season. The patient, who was the cause of all this, had every care shown him, I assure you, and if a vein *was* nicked, or a nerve included in the ligature, why, it goes only to prove that we left nothing undone for the poor fellow. I greatly wonder that the medical public should for a moment think "the comet of surgical skill" (as old silver-tongued Thomasson once designated me) was not like his lately-arrived namesake, clear and above-board. With this let us wash our hands of the business. I am sure that our "dear" *ligaum chirurgi* attaches no blame to me, as he, with all men, must be aware that it *never could be proved* that I took advantage, behind backs, to give a colleague a sly poke, or to floor a junior. Your's, as ever, sincerely, JOSEPH SURFACE.

Edgebaston, April 3, 1843.

*To the Editor.*—Sir: One of your correspondents requests the advice of his professional brethren in a case of incontinence of urine in a little girl, aged twenty-two months. My opinion of the case is that a calculus, partly in the bladder and partly at the commencement of the urethra, prevents the proper closure of the sphincter vesicæ, and allows the urine constantly to dribble away by its side; I should therefore advise the introduction of a metallic sound, or a female catheter, and if such impediment be found, to adopt the usual mode for its extraction. I am, Sir, your obedient servant,

GEO. HARVEY.

Castle Hedingham, March 28th.

What is the nature of the statements that *Alpha* has to make respecting M. and Co.?

The communications of *Mr. Barratt* and *Mr. Ikin* have reached us; so also have those of *Mr. S.* (of B.), before which, however, others had a claim to precedence, in the date of their arrival and examination, which custom has compelled us to accede.

Mr. Ancell's paper, in answer to the critique on Liebig's doctrines, contained in the last number of Forbes's Journal, shall be inserted next week.

Sir,—In confirmation of Mr. Girdwood's opinion as to the analogy existing between the hen and human female, I may state, amongst other evidences, that I had a canary-bird that was confined in a cage by itself for at least two years, when it laid an egg early one fine morning in the month of May.

O. T.

*A Med. Student.*—1. The London Act extends only to England and Wales. 2. The information required as to the Dublin lectures will be found in the Students' Number of THE LANCET, Oct. 1, 1842. 3. We have always insisted, in this Journal, on the practical education in medicine being begun and completed by the master during the apprenticeship, after which the student may seek to enlarge his knowledge by additions derived from sources which are not accessible to the pupils of surgeons whose duties are confined wholly to private practice.

*Medico-Chirurgicus* makes an allegation respecting Mr. D., of K. (namely, that he is a chemist and druggist, and not a legally qualified medical practitioner) which we cannot print on anonymous authority.

A correspondent wishes to know if any of our readers are acquainted with "any treatise on the electrical state of the atmosphere having an appreciable influence upon the human animal economy."

*A Hater of Quackery.*—The book may be useless to those who were already familiar with all that was known about the disease up to the date of its publication, and the mode of advertising it may be very quackish; but we certainly should not trust the review in question for an impartial opinion on the subject. The spites and partialities of writers in works of that class are too gross to warrant, generally, the pinning of any man's faith on their decisions. The book seemed to contain nothing particularly worthy of notice, but we will cast another glance over its contents.

*A Constant Reader.*—The writer is a graduate in medicine, of reputable position in his profession. His taste may not be admirable, but topics in medicine cannot be smelled and thrown aside like eggs that are not sweet, because their quality is not exactly pleasant.

CYCLOPÆDIA OF ANATOMY.—Sir: Do give the gentlemen who are connected with the "Cyclopædia of Anatomy" a little stirring up in THE LANCET. Their conduct is really too bad. The part promised on October 1st, last year, is not out yet, and as the chief portion of its contribution is announced to be from the Editor, he must have known the amount of probability of its appearance at that time, and ought to be taken sharply to task for his breach of promise. I am, Sir, your obedient servant,

MEDICUS.

March 29, 1843.